2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

30.5

00897

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
county Washington	m. 0 1 1000 1	
City or town(If outside city or town limits, write RURAL and give nearest town)	100	L
How long in above place of death? 20 Mass.	(if outside city or town limita, write RURAL and give nearest	town)
Hospital, Institution, or street address where death occurred:	Street No. N. Main St.	
n. main Sti	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	iber
Charles & alexand	er none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20, DATE OF DEATH 26" 19 48 21.	11 C. H
5.(b) Name of husband or wite Mary Harahman alexander	21.1 CERTIFY That death occurred on the day above stated; that I attended deceased	from
	19.46 , 10 , 10	19.4-
7. Birth date of	and that I last saw halive on	19.44.1
Beceased (mo.; day, you	Immediate cause of death	DURATION
o. Ade:		140-10-
869 0 1min.		- 2
9. Birthplace Town, county, and state)	Due to.	Jan J. home
L'alleran		
10. Usual occupation.	Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Industry or business		
12. Name Drawhlus allyanders 13. Birthpiace Dred, Co. M.	Other conditions	
MI 1: 6 : 31 A	(Include pregnancy within 3 months of death)	
14. Maiden name Solder Smith	Major findings al operations.	
E 15. Birthplace Fred, Co. Md.	Date of op.	
16. Informant Mrs. Mary alexander	Actopsy results	
Address Bourdono md.	PHYSICIAN: Please onderline the cause to which death should be charged statis	itically.
	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burlat, cremation, or removal, Which?) Date thereof. (month) (tiay) (year)	Accident, suicide, or homicide	
Cemetery or crematory Boonstono Celustery	Where did injury occur?	tate)
Band on the	Injured at home, farm, industry, public place (where?)	
Location Journal Ag	Means of injury Injured at work?	
18. Funeral director. Day January		
Address Booustono ma	23 SIGNATURE & Lucle of Brade In-A	
January 29- 1948 John W. Bask	/3 / h	
(Date fee'd by registrar) Registrar	Address Date signed	T. R. L. C. J. No.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

Dr. Woody

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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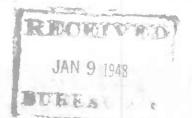
00893

CERTIFICATE OF DEATH

e. Dist. No. 302

1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
Elizabeth Ann Andrews	None
4. Sex Female White Married Widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH Jan 5, 1948
6.(b) Name of husband or wife Lester G. Andrews 5.(c) If alive, give age gears 7. Birth date of deceased (mo., day, yr.) June 11, 1883	21. I CERTIFY death occurred the date above states that I attended deceased om 19
8. AGE: Years 64 6 25	Carcino na fosco 1 1941.
9. Birthplace Leitersburg - Wash. Co., Md. (Town. county, and state) 10. Usual occupation. Home Duties 11. Industry or business 12. Name. Samuel J. Minor 13. Birthplace Leitersburg, Md.	Due to
Clara Rogers 14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
Iester G. Andrews 16. Informani	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: 11 death was due to external causes, till in the following: Accident, suicide, or homicide
Hagerstown, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	Male
Address 19 48 Blast Baver 18 (Date rec'd by registrar) Registrar	Address Date signed

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00899

CERTIFICATE OF DEATH

Reg. Dist. No. 302-

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Gunty	State Maryland county Washington
City or town. Hagers town (If outside city or tewn limits, write RURAL and give nearest town)	
How long in above place of death? 43 yrs.	City or town
Nospital, institution, or street address where death occurred:	Street No. 837 Chestnut Street
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution? 3 days	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sigmund Henry Andrews	214-09-1770
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. January 12, 1948.19
6.(b) Name of husband or wife Catherine Andrews	21. I CERTIFY that death occurred on the date above stated: that atlended deceased from
6.(c) If alive, give ageyears	and that I last saw h J. Ma. alive on Jan 7 2 19 48
7. Birth date of deceased (mo., day, yr.) Feby • 22, 1904	
8. AGE: Years Months Days If less than one day	Immediate cause of death Orongo Occlusion 36 April
43 10 21hrsmin.	Coronary Comments
9. Birthplace Hagerstown- Wash - Co . Md . (Town, county, and state)	Due fo
10. Usuat occupation. Restaurant Proprieter	***************************************
	Due to
11. Industry or business	
[12. Name William Andrews	Other conditions
13. Birthplace Washington Co., Md.	(Include pregnancy within 3 months of death)
14. Malden name Eliza Brumbaugh	
Franklin Co., Ps.	Major findings of operations.
14. Maiden name Eliza Brumbaugh 15. 6irthplace Franklin Co., Pa. Mrs. Catherine Andrews	Date of op
16. Informant Mrs. Catherine Andrews	Antopsy results
Address 837 Chestnut St- Hagerstown, Md	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Jan. 15. 1948	22. VIOLENCE: If death was due to external causes, till in the following;
Burial Barial Dafe thereof Jan. 15, 1948 (month) (day) (year)	
Cemetery or crematory Beautiful View Cemetery	Where did injury occur?
Location Middleburg, Md.	Injured af home, farm, industry public place (where?)
16. Funeral director. Fred W. Kraiss	Means of Injury Injured at work?
Address Hagerstown, Md.	Mules S. Milliman mel
1 110 -1	23. SIGNATURE M. D. or other
19. (Day sould by registrary) 19. 4.8 (Strong of Lowers)	Address Hagsatown led Bate signed // mg/88



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	U	0300
Reg.	Dist.	N. 302
EASE	D:	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington Hagerstown	State Matyland County Washington
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	City or town Hagerstown
How long in above place of death? 8 Hours Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. 1911 Lexington Ave
Washington County Hospital	(If rural, give LOCATtON)
How long in hospital or institution? 8 Hours	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
RONALD LEE BAKER	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH January 26 1948 19 28.15
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 25 19 48 10 0 0 00 26 19 88
7. Birth date of deceased (mo., day, yr.) October 23 1947	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediaje cause of death DURATION
- 3 3min.	Lengrago
9. Birthplace. Hagerstown Wash. Co. Md. (Town, county, and state)	Due fo
10. Usual occupation None	
11. Industry or business Infant	Due to
	Other conditions Bronshil- preserve 2+hu?
12. Name Robert L. Baker 13. Birthplace Hagerstown Md.	
	(Include pregnancy within 8 months of death)
14. Malden name Dorothy M. Brewer 15. Sirthplace Hagerstown Md.	Major findings of operations.
	Date of op.
16 Intermant Robert L Baker	Autopsy results
Address Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) Date thereof / 28/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did Injury occur?
Hagerstown Md.	(City or town) (County) (State)
LUCEIUM	Means of Injury Injury Injury Injured at work?
18. Funeral director Andrew K. Coffman	Ω
Address Hagerstown Md.	23. SIGNATURE UC Jayman hor,
19 Han 28. 19 H & Steel Flowers (Date rec'd by registrar) Registrar	Address Advanta Date signed 6 Jan 48.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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PLEASE WRITE PLAINLY, Is especially



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MARYLAND STATE DEPARTMENT OF HEALTH BIRTH AND DEATH

CERTIFICATE OF STITLBIRTS

Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

and a	County Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: Washington County Hospital Length of mother's stay in County (How many years, or months, or days. SPECIFY WHICH)	2. USUAL RESIDENCE OF MOTHER: State Maryland County Washington City or town Rural - Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Route #4 (If RURAL give LOCATION)
	Sex Male 6. Twin or triplet	114. Date of birth Jan. 20, 1948 Hour 1:14 P.M. 7. No. of weeks pregnancy.
9.	FATHER OF CHILD Full nameAlbert Harry Bartles, Jr. Color White 10. Age at time of this birth 24 yrs. Usual occupation Fireman-Pa. Railroad	MOTHER OF CHILD 12. Full maiden name Lillian LorettamcName e 13. ColorWhite 14. Age at time of this birth 22 yrs. 15. Usual occupation Housewife
16.		e: (a) How many children of this mother are now living?2
17	Did bild it is a late of area of the area	
18.	Did child die before labor?No During labor?No Pregnancy, complications of	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Cause unknown (b) Maternal causes
18. 19.	Pregnancy, complications of	prematurity, asphyxia, etc., try to add cause thereof. Hemorrhage into Lungs causes unknown

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

009112 T. Dist. No. 305

1. PLACE OF DEATH: (2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Lasturators	State Maryland county Washington
City or town	City or town
How long in above place of death?	(If outside city or fown timits, write RURAL and give nearest town)
Jahren Menoral Home	Street No. 44.0 Randal Laut (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Eruma S. Beachler	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Denale Certite Widowed	20, DATE OF DEATH, 10.30 PM
6.(b) Name of husband or wife Luther Beachly	21. I CERTIFY that learn occurred on the date about stated; that I attended deceased from
	November 5 19 47 10 January 3/ 19 48
7. Birth date of deceased (mo., day, yr.) 2 eleving -7 - 1859	and that I last saw h landive on January 31 19 44
8. AGE: Years Months Days If less than one day	Immediate cause af death
88 11 24min.	Cardio-Renal Voscular busine 6 grs.
9. Birthplace D. addluta. Dad Co. md.	Due 10.
10. Usual occupation Housekerper	Due to.
11. Industry or business Own Home.	DUE 10.
= 12. Name Jacob Williade	Other conditions
12. Name acol William Fred. Co. md.	(Include pregnancy within 3 months of death)
# 14. Malden name CAMU DOX	
15. Birthplace middleting Fred, Co. md.	Major findings of aperations
m. D. a Galati	Agtapsy results.
4 6	PHYSICIAN: Please naderline the cause in which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof 4. 948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Futherau Churchy	Where did injury occur?
Location maddletone md. J	Injured at home, farm, industry, public place (where?)
18. Funeral director Wu) Bast 98 ons	Meens of Injury Injured at work?
Address Brancher Md	MITURA W.D.
21 21 21 Q V	23. SIGNATURE M. D. or other
19. 7 lb. 4, 1948 19 Ohne Y. Nast (Date rec'd by registrar) Registrar	Address Oronoloro Date signed 42/48



PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

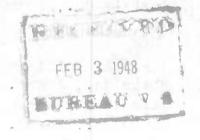
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00993

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Md. Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 354 N. Cannon Ave. (If rurel, give LOCATION)
3.(a) FULL NAME Dora Bell Bollinger	3. (b) Social Security Number
female 5. Color or race 5.(a)Single, married, widowed, or divorced sizgle	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) December 8, 1876	21. LAERTIFY that death occurred on the date above stated; that Lattended deceased from 1948 to 1948 t
8. AGE: Years Months Days It less than one day 71 1 21	Encopplished ally due to
9. Birthplace	Bue to. Disase Pardia Vasales Due to. Disase
Harry L. Bollinger 12. Name Blair Co., Penna.	Other conditions
Harriet Whitaker 14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations
15. Informant Frank Bollinger Address Hagerstown, Md.	Autopsy results. ————————————————————————————————————
Date thereof 1-31-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Hagerstown, Md.	Injured at home, tarm, industry, public place (where?) Means of injury tnjured at work?
18. Funeral director Scott F. Minnich & Son Addus Hagerstown, Md. (Date red'd by registrar) Registrar	23. SIGNATORE W. Howard Jeager Addrew Hagerlann Rud Date signed 30-48



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			100.	
1. PLACE OF DEATH: County Washington		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
City or town Hagerstown (If outside city or town limits, write RUR	AL and give nearest town)	StateMaryland		
How long in above place of death? Life Hospital, Institution, or street address where death occurred:	***************************************	I to the second		t town)
512 George Street		Street No. 512 George St	LOCATION	
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security Nu	mber
William Henry Bov	ward		2204-10-35	
	narried, widowed, or divorced	MEDICAL CE	RTIFICATIONAL	
Male white	Married	20. DATE OF DEATH	an W 10 TY al	730
6,(b) Name of husband or wite Emma Jane		21. I CERTIFY that death occurred on the date abov	17 10 Jan 20	19.48
7. Sirth date of deceased (mo., day, yr.) August 26,18	385	and that I last saw h	Leur 10	19.48
	tf less than one day	Immediate cause of death	- 0	38 c/ay
62 4 25	hrs,min,	Coronary +		38904
9. Birthplace Hagerstown, Maryl (Town, county, and state	and	Due to		
10. Usual occupation Faremen				*****************
11. Industry or business the york bond	rales 11/20	Duo to		
Harry M. Boward 12. Name Harry M. Boward Washington Co.		Other conditions		
🖫 13. Birthplace Washington Co.	Maryland	(Include pregnancy within 8 m		
Susan E. Hambu Susan		Major findings of operations		
			Date of op	********
16. Informant Mrs. Emma Boward		Autopsy results		istically.
Address 512 George St. H				ioucou).
Burial Bate thereot.	Jan. 24,1948 (month) (day) (year)	22. VIOLENCE: If death was due to external caus		
(Burial, cremation, or removal, Which?) Cameters of crematers Rose Hill Ce	(month) (day) (year)	Accident, suicide, or homicide		***************************************
ouncier) or orematory		Where did injury occur?(City or town)	(Connty) (S	tate)
Localion Hagerstown, Maryl	and	injured at home, farm, industry, public place (who	ere?)	*************
16. Funeral director Fred W. Kraiss		Means of Injury	Injured at work?	
Address Hagerstown, Maryla	nd	R. D. L Po	Privad Tes	0
Jan. 26. 1.48 Cha	effBowers,	23. SIGNATURE 10 TRUT	M. D. or o	ther 24-48
(Date rec'd by registrar)	Registrar	Address Ta gette / Back,	Date signed	- 7 - 10

10 V 28 1948

2411 N. Charles St., Baltimore

Dr. Keadle

00905

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No
1. PLACE OF DEATH: County Washing ton City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Days Hospital, institution, or street address where death occurred: Washing ton County Hospital How long in hospital or institution? 2 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and county Washington City or town Magers to Wn (If outside city or town limits, write RURAL and give nearest town) Street No. 248 N. Mulberry St. (If rural, give LOCATION) 2.(a) It veteran, name war. None
3. (a) FULL NAME AMOS BIGGS BRASHEARS	3. (b) Social Security Number
Male White Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 25 19. 48 21: 30A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased many 19. 48. to 19. 48. and that I last saw h in alive on 24 January 19. 48. Immediate cause of death. Pulmonary edema 000 000 000 000 000 000 000 000 000 0
S. Birthplace Sharpsburg Washington Eo. Md. (Town, county, and state) 10. Usual occupation Tailor 11. Industry or business Retired	Oue to Cardiac failure Oue to Suspected coronary occlusion
ži t5. Birthplace Sharpsburg Ma.	Other conditions. Diabetes mellitus Amoutation, above-knee, rt. leg (Include page page within 1 and the foot. Major findings of operations. None
Address Washington D. C. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Mountain View Cemetery	Autopsy resultsNo.tdone PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Sharpsburg Washington Co. Md. 18. Funeral director Andrew K. Coffman	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Address Hagerstown Md. 19. June 19. 48 - Gless Hobsever Registrar (Date rec'd by registrar) Registrar	Address 132 West Wash St Date signed 1-26.48

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

L.H.VLY, Vespecially

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FOR BINDING

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00906

Reg. Dist. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State ARYLAND County City or town
3.(a) FULL NAME CLARA NACE BRE	3 (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHITE WIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH JAMES 13 P. N
8. AGE: Years Months Days If less than one day 9. Birthplace ABERSTOUN WASHINGTON, MD. (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. 10. 11. 19.48 and that I last saw h. 2. allve on Jan. 12. 19.48 Immediate cause of death. DURATION Due to. Durattha Pullibras
11. Industry or business 12. Name ALFRED HENNEBERGER 13. Birthplace MARYLAND 14. Maiden name MARY WAMPLER 15. Birthplace PARYBERSBURG PA.	Diher conditions
16. Informant District Constitution of the Con	Autopay results
18. Funeral director C. J. Marian M. C. Marian M. Marian M. C. Marian M. Marian M. C. Marian M. Marian M. C. Marian M. Marian M. Marian M. Marian M. Marian M. Ma	Injured at home, tarm, industry, public place (where?) Misans of Injury Injured at work? 23. SIGNATURE M. D. or other Address J. Magenstowns Mag. Date signed 1/11/8.

Fr. H. R. Kritzer



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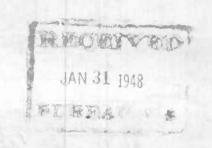
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washing to	State Lenna County Thanklin
(If outside city or town limits, write RURAL and give nearest town)	hand of the
How long in above piaco of death?	(If outside city or town limits, writt KURAL and give nearest town)
washing tun County Hospital	Street No. (If rorsi, give LOCATION)
How long in hospital or institution? 5 weeks	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Black Lingle	20. DATE OF DEATH Jawas 79 19 48 of M
6,(b) Name of huaband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age	January 9 10 48 10 Jan 29 1145
7. Birth date of 1987	and that I tast aaw h. L. alive on
8. AGE: Yeara Months Daya If tesa than one day	Immediate cause of death
3 28mirsmir	Marasmus
8. Birthplace Mercershery Fa R D 1 (Town, Jounty, and state)	Due to
10. Usuat occupation	Due to
11. Industry or business 12. Name Rolest U. Burkl 13. Birthplace Barrensburg Pa;	Other conditions Otitis media
ATT	(Include pregnancy within 3 months of death)
14. Maiden name. Helin E. Stones 15. Birthplace Spercus Jang & RD	Majer findings of operations.
16. Informant Surs Robert U. Brookky	Actors results A gima Intersection (2) Partid atelecture PHYSICIAN: Please woderline the cause to which death should be charged statistically.
Address Musesburg Fa HA 17 Burial Date thereof Lan. 30 48	22. VIOLENCE: tf death was due to externat causes, fill in the following:
(Burial, cremation, or removal. Which) Cemetery or cromatory Cemet	Accident, suicide, or homicide
Leading	tnjured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address Address	80 1 1 P. 2
Augusts Company of the Company of th	23. SIGHATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	ar Address 2/4 N. Potarac St. Hagertampate signed 1-29-47



WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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CERTIFICATE OF DEATH

1		_
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington	(For newborn infants give residence of mother)	
	state Maryland county Washington	
City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 37 years	City or town Sharpsburg (If outside city or town limits, write RURAL and give mearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war World War II	
	2.(4) (1 reteroil; name wat the	_
3. (a) FULL NAME	3. (b) Social Security Number	
Glenn Otto Carnahan, GLENN) £ to 213 10 4793	
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	0 15000	A
	2D. DATE DE DEATH, A	N
5.(6) Name of husband or wife Ruth Dubel Carnahan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19	
7 Right date of	and that I last saw halive on	
deceased (mo., day, yr.) Sept 11 ,1910	Immediate cause of death	
8. AGE: Years Months Days If leee than one day		
. 37 37 3 28hrsmin.	Cambrel chest	
Sharnshure Washington Maryland		
9. Birthplace Sharpsburg, Washington, Maryland	Due to	
Mechanic (automobile)		*****
1D. Usuai occupation	Due to	
11. Industry or business Filling Station & Garage		
E 12. Name Houston Earl Carnahan 13. Birthplace Funkstown , Maryland	Dibér conditions	
Funkstown , Maryland		
To 7 7 days 17 Odda	(Include pregnancy within 3 months of death)	_
置 14. Maiden name Lellian K. Otto	Major findiogs of operations.	
Sharpsburg .Maryland.	Date of op.	
14. Maiden name Lellian K. Otto 15. Birthplace Sharpsburg , Maryland. 16. informant Houston Earl Carnahan		
16. informant Houston Earl Carnanan	Autopsy results PHYSfCfAN: Please uoderline the cause to which death should be charged statistically.	
Address Sharpsburg m Maryland.		_
Punic 1 Ton 11 1040	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial Date (hereof Jan. 11, 1948) (Burlal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide. Date of	
Cemetery or crematory Mt. View Cemetery	Where did Injury occur? (City of town) (County) (State)	
	total distribution of the state	
Location Sharpsburg , Maryland.	Injured at home, farm, Industry, public place (where?)	7
18. Funeral director Edith V. Leaf	Meane of injury automated at work?	
18. Funeral director	1/1/ 1 - O DEPUTY MEDICAL EXA	IM.
Address Williamsport, Maryland	23. SIGNATURE AVELLE WELLS WASH. CO., MD.	
1/10 114 PULL RULLE	M, D, as other	110110
19. (Date rec'd by registrar) Registrar	Address Nagentlewn, md. Date signed / 10/48	5
I Transfer of placement		



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town)

DURATION

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CERTIFICATE OF DEATH

	CERTIFICAT	L OI BEATH	Reg. Dist. No
1. PLACE OF DEATH: Washington		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)
County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Year		State Maryland Colly or town Hagerstown (If outside city or town limit	
Hospital, Institution, or street address where death or 701 Spruce St. How long in hospital or institution?	ccurred:	Street No. 701 Spruce (If rural, give	St.
3. (a) FULL NAME		at (a) it receisit its in a second at the se	
			3. (b) Social Security Number
MRS.ELEANORA FRAN			None
4. Sex S. Color or race 6.(a	Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Fenale White	Widow	20. DATE OF DEATH January	7 25 1948 . 4.
6.(b) Name of husband or wite	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 18. and that I last saw h	10 1-25-45
deceased (mo., day, yr.) May 3 18		Immediais cause of death	DU
8. AGE: Years Months Day		1	1
80 8 23	2min.	(Congestive dear	pullune 4
s. Birthplace Sleepy Creek (Town, county,		Due ta	
18. Usual occupation Housewiff	e	Due to	
11. Industry or business Own Home			
E 12 Name James Smith		Dither conditions frames My	40 Carditie 3
		(Include pregnancy within 8 a	months of death)
14. Maiden name Non Record	d		
15. Birthplace No Record		Major findings of operations	
16. Intermant Ervin Coffms	a.n	Aptopsy results	
Address Berkeley Spi		PHYSICIAN: Please underline the cause to w	hich death should be charged statistical
	te thereof 1/28/48 (month) (day) (year)	22. VIOLENCE: It death was due to external can Accident, suicide, or homicide	
Cemetery or crematory Rose Hill		Where did Injury occur?(City or town)	
Location Hagerstown	n lid.	Injured at home, tarm, industry, public place (w	here?)
18. Funeral director Andrew K. (Coffman	Means of Injury	tnjured at work?
Address Hagerstown	n l.d.	Starlor	sury
19 (Date rec'd by registrar)	Fissfi Bowers Registrar	23. SIGNATURE	M. D. or other

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully inhortant. Physicians: please write the causes of death clearly and legibly.

LANLY, especially

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WRITE

PLEASE

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JAN 28 1948

WRITE PLATNLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Wells

CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No. 30.5
1. PLACE OF DEATH: County Washing ton Cily or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Insiliution, or street address where death occurred: 335 S. Potomac How long in hospital or instilution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Streel No. 335 S. Potomac St. (If rural, give LOCATION) 2.(a) It veteran, name war. World War 2 Raw. 33-558-742
3. (a) FULL NAME William Calvin Coffinberger 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number 234-22-6845 MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Jan. 24, 148 21 10A. M
6.(b) Name of husband or wife Kathleen Coffinberger 8.(c) If alive, give age 24 years 7. Birth date of deceased (mo., day, yr.) July 11, 1923	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days tt less than ooe day	Asphyxia from illuminating
9. Birthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Hagerstown, Md. Date signed 1/26/48

JAN 28:048

2411 N. Charles St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15	
S	

CERTIFIC	ATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside fity or town limits, write RURAL NEAR and Street Ho. (If rural give LOCATION)	Ward Nogrive town)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Jarah Emily Demy	Oslif 3. (b) Social Secur	rily Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White, Married	2D. DATE DF DEATH July 12 19	48 at 8 PM
6 (b) Name of husband or wife transfer the live, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended Lec 22 1947 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
9. Birthplace Hersel (Town, courty, and atate)	Due to	
10. Usual occupation _ / tous urfe	Oue to	
E 12. Name William Frewles	Other conditions	
14. Malden name welly Dailey	(Include pregnancy within 8 months of death) —— Major findings:	PHYSICIAN
15. Birthplace Mukupur	Of operations	Please underling
18. Informant Hospital Records		death should be charged statistically.
Address	Of eutopsy	
Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Cemetery or crematory Jesseps Church Cemeter	(City or town) (County)	(State)
Location Lockeys VIIIe, Balto. Co., Md.	injured at home, farm, Industry, public place (where?)	
18. Funeral director John Burne Sono	Means of injury Injured at work?	
Address Touson, Maryland	- thousan and	11 711 0
19. 1/448 19 a. W. Hedrick	23. SIGNATURE 2312 MILLION M. M.	. D/orother



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRT	CERTIFICATE	OF STREET
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		116	OTA
Reg.	Dist.	No	302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH: County Washington City or town. Harry town. Street address, hospital, or institution: Washington 20. Hospital Length of mother's stay in County. Life How many years, or months or days. SPECIFY WHICH) 3. Name of child. 5. Sex Pennale. 6. Twin or triplet. 7. No. of weeks pregnancy. 7. MOS. 9. Color. W. 10. Age at time of this birth. 26 yrs. 11. Usual occupation. Lement. Mill employee. 16. Other children were born alive but are now dead? (b) How many other children were born alive but are now dead? (c) Did child die before labor? No. During labor? No. 20. (a) Was there an operation for delivery? (c) Did child die before operation? (c) Did child die before operation? (c) Cemetery or crematory. Rose month) (Most (year) (C) Cemetery or crematory. Rose month) (Most (year) (C) Cemetery or crematory. Rose month) (Most (year) (C) Cemetery or crematory. Rose mill) (Most (year) (C) Cemetery or crematory. Rose mill (World (year) (C) Cemetery or crematory. Rose mill) (Most (year) (C) Cemetery or crematory. Rose mill) (Most (year) (C) Cemetery or crematory. Rose mill (World (year) (World (year) (World (year) (World (year) (year) (world (year) (ye				
City or town Hare ristown Street address, hospital, or institution: Washington Co. Hospital Length of mother's stay in County. Length of mother's stay in County. Health officer, per. City or town Hare ristown Hints, write town Hints, write town limits, write turnal and give nearest town) Street No. Security. Health officer, per. City or town Hints, write NURAL and give nearest town) Street No. Security. Address Hare ristown limits, write NURAL and give nearest town) Street No. Security. Address Hare ristown limits, write NURAL and give nearest town) Street No. Security. A Date of birth. 1/20	1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
City or town Hare stown Street address, hospital, or institution: Washington Co. Hospital Length of mother's stay in County. Length of mother's stay in County. Health of mother's stay in County. Length of mother's stay in County. Health officer, per. City or town Hmits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RurAL and give nearest town (If sucide city or town limits, write RurAL and give nearest town (If sucide city or town limits, write RurAL and give nearest town (If sucide city or town limits, write and successed and succes		County Washington		State Maryland
City or town Hare stown Street address, hospital, or institution: Washington Co. Hospital Length of mother's stay in County. Length of mother's stay in County. Health of mother's stay in County. Length of mother's stay in County. Health officer, per. City or town Hmits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RURAL and give nearest town (If sucide city or town limits, write RurAL and give nearest town (If sucide city or town limits, write RurAL and give nearest town (If sucide city or town limits, write RurAL and give nearest town (If sucide city or town limits, write and successed and succes		City or town Haserstown		County Washington
Length of mother's stay in County Life (How many years, or months, or days. SPECIFY WHICH) 3. Name of child. DiFabbio. 5. Sex Penale 6. Twin or triplet. 7. No. of weeks pregnancy. 7. MOS. FATHER OF CHILD 8. Full name. Frank Joseph DiFabbio. 9. Color. W. 10. Age at time of this birth 26. yrs. 11. Usual occupation. Jement. Mill employee. 15. Usual occupation. Jement. Mill employee. 15. Usual occupation. Jement. Mill employee. 16. Other children born to mother (not including present child): (a) How many children for this birth. 19. yrs. 17. Did child die before labor? No. During labor? No. 19. Labor: (a) Complications of. (b) Induced? 20. (a) Was there an operation for delivery? No. (b) State all operations, if any. 21. Calce of stillbirth. Please be specific. For terms like prematurity, asphysia, etc., try to add cause thereof. (a) Fetal causes Described on the date and hour above stated. Signature (Specify IM.D., midwife, or other) 22. (a) Was there an operation? No. During operation? (b) Date thereof. 1/21/48. (b) Date thereof. 1/21/48. (c) Cemetery or crematory. Rose cappity (say) (very) (c) Cemetery or crematory. Rose ca		(If outside city or town limits, write RURAL and give nearest town)		City or town Hagerstown
Length of mother's stay in County (How many years, or months, or days. SPECIFY WHICH) 3. Name of child. DiFabbio 4. Date of birth. 1/20 1948. Hour. 2.38 PM. 5. Sex. Female 6. Twin or triplet. 7. No. of weeks pregnancy. 7 MOS. FATHER OF CHILD 8. Full name. Frank Joseph DiFabbio 12. Full maiden name. Helen Rarbara Brown 13. Color. White 14. Age at time of this birth 19 yrs. 11. Usual occupation. Lement. Mill employee 15. Usual occupation. Housewife 16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0. (b) How many other children were born alive but are now dead? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (a) Fetal causes for this child who was born dead? 19. Labor: (a) Complications of (Yes or No) (Yes or No) (b) State all operations, if any (Yes or No) During operation? (b) Date thereof. 1/31/48. (b) Maternal causes Hord and hour above stated. Signature (Specify if M. D., midwife, or other) Address. Hareard. On the date and hour above stated. Signature (Specify if M. D., midwife, or other) Address. Hareard. On the date and hour above stated. Signature (Specify if M. D., midwife, or other) (C) Cemetery or crematory. Rose HIII Center (Registrar) (Registrar) (C) Cemetery or crematory. Rose HIII Center (Bother) (Registrar) (Edition many death of this birth. 19 yrs. 13. Color. White 14. Age at time of this birth. 19 yrs. 14. The second of this mother are now living? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (c) How many other children were born dead? 0. (c) How many children of this mother are now living? 0. (c) How many children of this mother are now living? 0. (c) How many children of this mother are now living? 0. (c) How many children were				
3. Name of child DiFabbio 4. Date of birth 1/20 1948 Hour 2.38 PM. 5. Sex Female 6. Twin or triplet 7. No. of weeks pregnancy 7. Mos. FATHER OF CHILD 8. Full name Frank Joseph DiFabbio 9. Color W 10. Age at time of this birth 26 yrs. 11. Usual occupation Jement Mill employee 11. Usual occupation Jement Mill employee 12. Full maiden name Halen Barbara Brown 13. Color White 14. Age at time of this birth 12 yrs. 15. Usual occupation Housewife 15. Usual occupation Housewife 16. Other children were born alive but are now dead? 0. (c) How many other children were born dead? 0. (d) How many other children were born dead? 0. (e) How many other children were born dead? 0. (e) How many other children were born dead? 0. (f) How many other children were born dead? 0. (h) How many other children were born dead? 0. (e) How many other children were born dead? 0. (f) How many other children were born dead? 0. (h) Maternal causes Interest 15. That (h) Maternal causes Interest 15.				Street No. Security Md. (If RURAL give LOCATION)
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8. Full name. Frank Joseph DiFabbio 9. Color. W 10. Age at time of this birth 26 yrs. 11. Usual occupation Lement. Mill employee 15. Usual occupation. Housewife 16. Other children born to mother (not including present child): (a) How many children of this mother are now living? Q (c) How many other children were born dead? Q (c) How many othe	5.	Sex Female 6. Twin or triplet	7.	No. of weeks pregnancy
9. Color. W 10. Age at time of this birth 26 yrs. 11. Usual occupation Lament Mill employee 15. Usual occupation. Housewife 16. Other children born to mother (not including present child): (a) How many children of this mother are now living? O (b) How many other children were born alive but are now dead? O (c) How many other children were born dead? O (c) How many other children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this mother are now living? O (c) How many children of this child we be present at how many children of this children of this child we be present at how many children of this chil		FATHER OF CHILD		MOTHER OF CHILD
15. Usual occupation. Housewife. 16. Other children born to mother (not including present child): (a) How many children of this mother are now living? O. (b) How many other children were born alive but are now dead? O. (c) How many other children were born dead? O. (c) How many other children were born dead? O. (d) How many other children were born dead? O. (e) How many other children were born dead? O. (f) How many other children were born dead? O. (g) How many other children were born dead? O. (h) How many children of this mother are now living? O. (g) How many other children were born dead? O. (h) How many children of this mother are now living? O. (a) How many children of this mother are now living? O. (a) Fetal causes Described. O. (b) Maternal causes Described. On the date and hour above stated. (c) Did child die before operation? No. (d) During operations, if any. (e) During operation? No. During operation? No. During operation? No. During operation? No. (h) Date thereof L. Al. 48. (Burial, cremation or removal) (c) Cemetery or crematory. Rose Hill Cemeter (To be filled out if no physician was present at delivery.) The above certificate has been examined by me. Health Officer, per.	8.	Full name Frank Joseph DiFabbio	12.	Full maiden name Helen Barbara Brown
16. Other children born to mother (not including present child): (a) How many children of this mother are now living? . O	9.	Color	13.	Color. White 14. Age at time of this birth. 19 yrs.
(b) How many other children were born alive but are now dead? O (c) How many other children were born dead? O (17. Did child die before labor? No During labor? No (28. Pregnancy, complications of (29. Labor: (a) Fetal causes (29. La	11.	Usual occupation Jement Mill employee	15.	Usual occupation Housewife
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21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes (b) Induced? (c) Did child die before operation? (d) Date thereof. (e) Date thereof. (f) Date thereof. (g) Date thereof. (h) Date thereof. (g) Date thereof.				
19. Labor: (a) Complications of		Did child die before labor?No During labor?.No		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(b) Induced? 20. (a) Was there an operation for delivery? No (b) State all operations, if any. (c) Did child die before operation? No During operation? 23. (a) Burial (b) Date thereof 1/21/48 (Burial, cremation or removal) (c) Cemetery or crematory. Rose Hill Cemete 24. (a) Funeral director. Andrew K. Coffman (b) Address Hagerstown Md. (b) Address Hagerstown Md. 25. (a) Complete the birth of this child who was born dead* on the date and hour above stated. Signature (Specify if M. D., midwife, or other) Address Hagerstown Md. (Date rec'd by registrar) (To be filled out if no physician was present at delivery.) The above certificate has been examined by me. Health Officer, per.				
20. (a) Was there an operation for delivery? No. (b) State all operations, if any. (c) Did child die before operation? No. During operation? 23. (a) Burial (b) Date thereof 1/21/48 (Burial, cremation or removal) (c) Cemetery or crematory. Rose Hill Cemeter (c) Ce				(b) Maternal causes
(c) Did child die before operation? No During operation? (a) Burial (b) Date thereof 1/21/48 (b) Date thereof 1/21/48 (Burial, cremation or removal) (C) Cemetery or crematory Rose Hill Cemeter (C) Cemetery ((a) Was there an operation for delivery?No.	22.	I certify to the birth of this child who was born dead*
During operation? Address Hazerstown, Nd. 23. (a) Burial (b) Date thereof 1/21/48 (Burial, cremation or removal) (C) Cemetery or crematory Rose Hill Cemeter Hill Cemeter (C) Cemetery or crematory Rose Hill Cemeter (C) Cemetery (C) Cemetery or crematory Rose Hill Cemeter (C) Company (C) Cemeter (C) Company ((b) State all operations, if any(Yes or No)		on the date and hour above stated.
During operation? Address Hazerstown, Nd. 23. (a) Burial (b) Date thereof 1/21/48 (Burial, cremation or removal) (C) Cemetery or crematory Rose Hill Cemeter Hill Cemeter (C) Cemetery or crematory Rose Hill Cemeter (C) Cemetery (C) Cemetery or crematory Rose Hill Cemeter (C) Company (C) Cemeter (C) Company (Signature Mit Campbelf
23. (a) Burial (b) Date thereof 1/31/48 (Burial, cremation or removal) (c) Cemetery or crematory Rose Hill Cemeter (month) (day) (year) (Date rec'd by registrar) (Registrar) 24. (a) Funeral director Andrew K. Coffman (b) Address Hagerstown Md. Health Officer, per.				
(c) Cemetery or crematory				
(c) Cemetery or crematory. Rose Hill Cemeter 26. (To be filled out if no physician was present at delivery.) 24. (a) Funeral director. Andrew R. Coffman (b) Address. Hagerstown Md. Health Officer, per	23.	(a) Burial (b) Date thereof 1/21/48 (Burial, cremation or removal) (month) (day) (year)	25.	(a) Law, 21,1948 (b) Chast (Registrar)
24. (a) Funeral director	2.1	(c) Cemetery or crematory. ROSE H111 Cemete	¹ 26.	(To be filled out if no physician was present at delivery.)
Treated Officer, permanent	24.	(a) Funeral director Andrew A. COII Man		The above certificate has been examined by me.
* See Instruction C on which	_	* See Instruction C on stub.	1	Health Officer, per



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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFIC	CATE	OF	STHEBIRTH

Reg. Dist. No. 30 Z

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
/	County		State Maryland County Washington City or town Hagerstown, 1d. (If outside city or town limits, write RURAL and give nearest town) Street No. Rural Route # 4 (If RURAL give LOCATION)
	Name of child Donahue	4.	Date of birth 1/27/ 1948 Hour 1 P M.
5.	Sex. Nale. 6. Twin or triplet.	7.	No. of weeks pregnancy 29 Weeks
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Richard Alvin Donahue	11	Full maiden name Mary Emma Johnson
9.		13.	Color. White 14. Age at time of this birth. 21 yrs.
11.	Usual occupation R. R. Brakeman	15.	Usual occupation Housewife
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now dea		How many children of this mother are now living?1
	Did child die before labor? No During labor? No Pregnancy, complications of		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Nathanaea
19.	Labor: (a) Complications of		(b) Maternal causes Aort
20	(a) Was there an operation for delivery?	22	Infant lived 44 hours. I certify to the birth of this child who was born dead
20.	(b) State all operations, if any(Yes or No)		on the date and hour above stated.
	(c) Did child die before operation?		Signature
	During operation?		Address Hagerstown, Md.
23.	(a) Durial (b) Date thereof 1-30-1948 (Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory Aux (taven Cemetry)		(a) au, 30, 1948 (b) Chart Flowers (Date rec'd by registrar) (Registrar)
24.	(a) Funeral director Stote 7 Munich of on	26.	(Yo be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address 1+2 gerstown gud.		Health Officer, per
	* See Instruction C on stub.		

V. S.



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00914

CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate. Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 520 Reynold Avenue (If rural, give LOCATION)		
City or fown Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 12 years Hospital, institution, or street address where death occurred:			
520 Reynold Avenue			
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Marie L. Draper	NONE		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH. 1/22 / 1948 at 8 a		
8.(b) Name of husband or wife Ebenezer Draper	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
5,(0) Name of nuseand of wife	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7. Birth date of 7. 3. 6. (c) If alive, give age years	and that I last eaw h. Ref. alive on 1/20 19 48		
deceased (mo., day, yr.) July 6, 1857	Immediais cause of death themseling a DURATION		
0. AGE.	int ling carty I Investite		
90 6 16min.			
9. Birlhplace Chenbier, France (Town, county, and state)	Due to Carcusus of left buest ?		
18. Usual occupation Housework	4. leng -		
	Due to		
11. Industry or business			
12. Name Eugene Plancon, 13. Birthpiace France	Dther conditions		
13. Birthplace France	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations.		
\$ 15. Birthplace France	Date of op.		
16. Informant Robert N. Draper	Autopsy results		
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
- 0- 10	22. VIOLENCE: If death was due to external causes, fill in the following:		
[Buria], cremation, or removal, Which?] (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Kensico Cemetery	Where did injury occur?		
location New York City	Injured al home, farm, Industry, public place (where?) Means of injury Injured at work?		
18. Funeral director C. M. Suter & Sons			
Address Hagerstown, Maryland	Atomorph total		
- 100 118 1	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Hagerotory Med - Date signed 1/22/48_		





MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

922 019353 Reg. Dist. No. 353

1. PLACE OF DEATH: Made	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
(If outside city or town I mits, write RUKAL and give nearest town)	State of the state	
How long in above place of death? Self 15 - 194 7	(If outside city or town limits, write RUKAL and give nearest town)	******
Hospital, Institution, or street address where death occurred:	Street No. 125 Lawsey arruel	
Tateway Kurking Home Hagherson	(If rural, give LO ATION)	
How long in hospital or institution? Sept. 159 44.7	2.(a) If veteran, name war	*******
3. (a) FULL NAME	3. (b) Social Security Number	
TYOVE - Sirzie Ellen		
4. Sex 5. Color or race 6.(a) offele, married, widowed, or divorced	MEDICAL CERTIFICATION 7:36	
truale white pidow	20. DATE OF DEATH Jace 29 19 48 41	0.7
6.(b) Name of husband or wife 4702 - David & December	21. I CERTIFY that death occurred on the date above stated: that 1 attended deceased from	- Ch = 0.00 0.00 FF0
	Sept 15 1948, 10 face 24 19	49
7. Birth date of	and that I last saw h Ay alive on Jan 23 19	48
deceased (mo., day, yr.) NEcesselar > 3 - 1860	Immediate cause of death DURA	
8. AGE: Years Months Days If less than one day	Chronic Endo Carditis	
81 / 6hrsmin.	chronie nephritis	
9. Birtholace Seven Sters Pa.	Que to arterio- deleroses ".	
(Town, county, and state)	Caronic arthritis.	P*************************************
10. Usual occupation	Que to	
11. Industry or business		***********
12. Name Place	Dither conditions	100000000000000000000000000000000000000
12. Name Paul 13. Birthplace Pa		***********
5 Kittingen - livzis	(Include pregnancy within 8 months of death)	
14. Malden name. La Hanger - La V 3 L E.	Major findings of operations.	
\$ 15. Birthplace Pa . W. 1 . 74	Date of op	
16. Informant 770 1/2 /Grown/Perrison	Autopsy results	
Address Chambershube Pa.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
17 Burial Date thereof 4-31 48	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	**********
Cametery or crematory CE day 7x012	Where did Injury occur? (City or town) (County) (State)	
location Charabershurg Pa	Injured of home, farm, Industry, public place (where?)	
0 60 ld a la a	Means of Injury O Injured at work?	
18. Funeral director	the odliller us.	
Address B338 J WE Chambanhers	23. SIGNATURE DR. VICTOR D. MILLER	
1-1-19-43 Vener 110-50-1511	23. SIGNATURE	**********
(Date fee'd by registrar)	Address	1944



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	" land and a shington
City or town Kemps Mill near Williamsport (If outside city or town limits, write RURAL and give nearest town)	State Maryland county tashington
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Nine Years	(If Outside city of town lamits, write Modern and Site hearest town,
Hospital, institution, or street address where death occurred:	Street No. Kemps Mill(RFD #2 Hagerstown)
How long in hospital or institution?	2.(a) ff veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Albert Grover Everly	215-18-2039
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	0 4 44 0:30 5
mazo wiizoo	20. DATE OF DEATH 2011. 28 19.48 at
6.(b) Name of husband or witBuleah Irene Everly	21. I CERTIFY that death occurred on the date above stated; that f attended doceased from
6.(c) ff alive, give age 53yrs	
7. Birth date of $44 - 3 - 1892$	and fhaf t last saw halive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
55 9 25hrs.	in. Tun shot would
Hagayatawn agh Manuland	or shull
9. Birthplace Hagerstown, ash. Maryland (Town, county, and state)	Due to
10. Usual occupation Taxi Cab Driver	
	Due to
11. Industry or business Taxi Business	- Just - ware
12 Name Joseph Iverly	Diher conditions
12. Name Joseph Iverly 13. Birthplace Cascade, Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Chambersburg, enna.	Major findings of operations
14. Malden name Chambersburg, Penna.	Date of op.
Bulash Imana Fyanly	Autopsy results. 210
KFD #2 Hagerstown, Md.	PHYSICIAN: Please underfine the cause to which death should be charged statistically.
Address	22. VIOLENCE: tf death was due to external causes, fill in the tollowing;
Burial Date thereof s an a 31, 1948 (month) (day) (year)	Accident, suicide, or homicide. Justice Dafe of Jan. 28 48
	Where did injury occur? Williamsport Wash. Md. (City or town) (County) (State)
Cemetery or crematory Riverview Cemetery	Where did injury occur?
Williamsport, Maryland	fnjured at home, farm, Industry, public place (where?)
Location	Means of Injusthot self in heading work to the shotgun
18. Funeral director Edith V. Leaf	UEPUTY MEDICAL EX
Address Willaimsport, Maryland.	of Robert Wells WASH. CO., MD.
0.0 0.00	23. SIGNATURE M. D. OF
1/31/ 48 Mas E Jeo M. Ela	0



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No. 30%
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
3.(a) FULL NAME William J. Falk	3. (b) Social Security Number
Male Scholor or race 6.(a) Single, married, wildowed, or divorced Married Married 8.(b) Name of husband or wife Sylvia Falk	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. A CERTIFY that death oursed on the date above stated: that hattended deceased from 18. 55 10 10 19.55
7. Birth date of deceased (mo., day, yr.) November 6, 1905	and that I last saw h Lxx- alive on
8. AGE: Years Months Days If less than one day 2 16 hrsmin.	Immediate case of death DURATION
s. Sirthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Dentist 11. Industry or business 12. Name. Joseph Falk 13. Birthplace Europe	Due to Due to Other conditions (Include pregnancy within 3 months of death)
14. Maiden name AmeliaSchuster 15. Birthplace Erie, Pennsylvania 16. informent Mrs. Sylvia Falk	Majur findings of operations
	Accident, suicide, or homicide
Date rec'd by registrar) 18 4 8 bleer H. Bowerl, Registrar	23. SIGNATURE HOLD M. D. or other Address Julios John Dollar signed 1/25/48

KROWS C. O.

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PLACE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

00018 Reg. Diat. No. 35 2

County Washington	(For newborn infants give residence of mother)	A
		<u>لو</u>
City or town(If octside city or town limits, write RURAL and give nearest town)	Paralle	
How long in above place of death? 30 days	City or town(If outside city or town limits, write RURAL and giv	e nearest town)
Hospital, Institution, or street address where death occurred:	Street No.	
1005	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	V
3. (a) FULL NAME Elizabeth Hammond	Fi. 1 3. (b) Social Secu	rity Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	AMEDICAL CERTIFICATION	
Female white wilowed	20. DATE OF DEATH	8 . 10 P.
S. (b) Name of husband or wife Williams E. Friche	21. I CERTIFY that death occurred on the date above stated; that Lattended	deceased from
	19.48 10 Jan	2-2- 1948
7. Birth date of	and that I last saw h the alive on the and	1 0
deceased (mo., day, yr.) Necember 7 1865		1
8. AGE: Years Months Days If less than one day	Immédiais causa of death	The same of the sa
82 1 15hrs.	min. Cerebral hemorrhage	7
O.M.	min. Cerebral hemorrhage	tew.
9. Birthpiace Benevola ml	Oue to	numete
(Town, county, and atate)		***************************************
10. Usual occupation. House wife	Due to	
11. Industry or business		
12. Name David Hammal	Other conditions	

13. Birthplace Benevola med	(Include pregnancy within 3 months of death)	
14. Maiden name Margaret Ripple 15. Birthplace Denevola md	Major fiedings of operations.	
15. Birthplace Benevole md		
	Oale of op	
16. Informant Miss Julia Jacobs	Actorsy results	
Address C. Main St. Haynestono, Pa	PHYSICIAN: Please underline the cause to which death should be cha	rged statisticany.
	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cregatory Busine Hill Cemely	Where did injury occur?	
1 1 1		
Location Muynes Java, Ja		
	Misens of Injury Injured at work?	
18. Funeral director Halfish The Surge	Deli .	
Address 27 S. Grusch St. Mujnedor, la	23. SIGNATURE 1. S. Stansfer M. J.	
17. 25 118 18 18 16B-14B-141	M	. D. or other
(Date rec'd by registrar) Regist	trar Address Augenstown, Mid Date st	ned fan 22-194



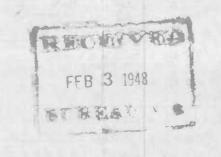
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1	}	(J	1	1

Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Mary land County Washington
(If outside city or town limits, write RURAL and give nearest town)	The state of the s
How long in above place of death?	(If outside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Edith Divel + lowers	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH 20. 1948 at 5:20 P.
8.(b) Name of husband or wife Elmer Flowers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 28 19.48, 10. Jan 28, 19.48
7. Birth date of	and that I last saw her alive on an 28, 1 19 48
deceased (mo., day, yr.) Apr; 1 13 1902 8 AGE: Years Months Days If less than one day	Immediaje cause of death
0. AGE.	Septicemia - due to streptococcus 5 days
75 9 15hrsmin.	
9. Birthplace TUITON CO. YEN MZ. (Town, county, and atate)	Due to
10. Usual occupation. H.a.v. S.e. XV. 1. f.e.	Due to
11. Industry or business	
12. Name Edward Lemuel Divel 13. Birthplace Pennsylvania	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Catherine Hendershot 15. Birthplace Pennsylvania	Major fiadings of operations
\$ 15. Birthplace Pennsylvania	Date of op.
16. Informant Elmer Filowers	Autopsy results.
Address Routetl Hancock Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
77 1	22. VIOLENCE: If death was due to external causes, fill in the following;
11	Accident, suicide, or homicide
Cometery or Pouls Highty Perthean	Where did injury occur?
Location Route 1: Habrance ma	Injured al home, farm, industry, public place (where?)
ALL RO+	Means of Injury Injured at work?
18. Funeral director Charles 15. 15. 3.5.	0111120
Address Hencock Md.	23. SIGNATURE A Stanfar M. J
19 Jane 31, 1848 Chartheowers	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Jan 30, 1941



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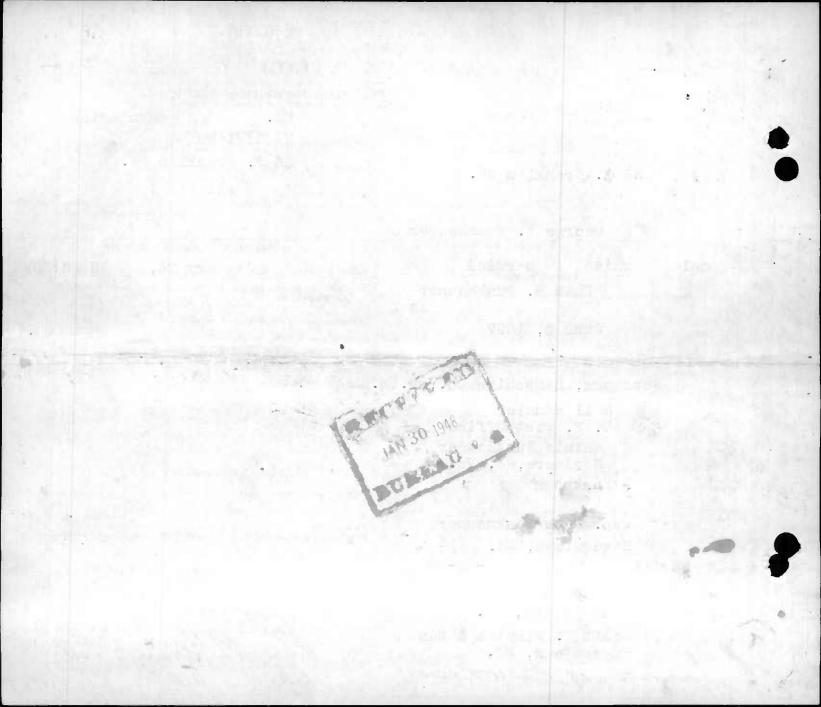
2411 N. Charles St., Baltimore

00920

302

· · ·	CERTIFICA	IE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH. County Washington		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
City or town	RAL and give nearest town)	State	Mn mits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: 36 E. Franklir		Street No. 36 E. Free (If rural, a World	anklin St.
How long In hospital or institution?		2.(d) IT vereran, name war	3. (b) Social Security Number
	Funkhouser		
7, 004	married, widowed, or divorced	MEDICAL	CERTIFICATION
male white man	rried	2D. DATE OF DEATH Janus	ary 26, 19 48 43:30
6.(6) Name of husband or wite Ruth H. I. 7. Birth date of deceased (mo., day, yr.) June 3, 18	tf alive, give age 46 yea	and that I last saw h	above stated; that strended decease from 19% lee 182 18.
8. AGE: Years Months Days 50 7 23	It less than one day	- Wille C. Wille	hurse brase
9. Birthplace Needmore, Hampsh (Town, county, and ats 10. Usual occupation Mail Handle U. S. Post	er	Due to	
11. thansty of musiness			
Phinis Fur Needmore,	W. Va.	Diher conditions	
E 14. Maiden name unknown		(Include pregnancy with)	
S 15. 8irthplace			Date of op
16. Intermant Mrs. Ruth Fur	nkhouser	Actopsy resofts	o which death should be charged statistically.
Address Hagerstown, A		22. VIOLENCE: If death was due to externa	causes, fill in the following:
(Burial cremation, or removal, Which?) Cemetery or crematory	(month) (day) (year)		Date of
Cemetery or crematory			
18. Funeral director Scott F. Minr	nich & Son		Injured at work?
Address Hagers to Will,		23. SIGNATURE Address How	M. D. or other

BINDING FOR RESERVED



PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00921

Reg. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county. Washington	state Maryland County Washington		
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 35 years	(If outside city or town limits, write RURAL and give nesrest town)		
Hospital, Institution, or street address where death occurred:	Sireet No. 349 South Cannon Avenue		
Washington County Hospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Nancy E. Ganoe	214-09-1117		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Divorced	20. DATE OF DEATH. Francisco 9, 1948 at 10 a		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	19 46 19 10 takes of dight 19 -		
7. Birth date of	and that I last saw had alive on Jan 9 - 13 48		
deceased (mo., day, yr.) May 3, 1898	Immediais cause of death		
8. AGE: Years Months Days If less than one day			
49 8 6hrsmin.	Swoth -		
9. Birthplace Springfield. W. Va.	Due to Zanaroton		
(Town, county, and atate)	(Diet an operthing table)		
to. Usual occupation	Due to		
1t. Industry or business			
Eli Stewart 13. Birthplace Springfield, W. Va.	Other conditions Ovener Cyst		
	(Include pregnancy within 3 months of death)		
14. Maiden name Claudis Haines			
	Major findings of operatious		
ts. Informant Miss Helen Gance			
	Autopsy results		
Address Hagerstown, Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Burial Date thereof 1-12-48 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Wesley Chapel	Where did injury occur?		
Springfield, W. Va.			
	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. C. M. Suter & Sons	Means of Injury Injured at work?		
Address Hagerstown, Maryland	1 Atomor PAKIT TAD		
las 10 48 Chantellawers	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Hagerstown Md - Bate signed 1/10/48		



MARYLAND STATE DEPARTMENT OF I

2411 N. Charles St., Baltimore

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00922

Reg. Dist. No. 302

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infanta give residence of mother) Washington Washington Hagerstown Hagerstown (If outside city or town timits, write RURAL and give nearest town) How long in above place of death?..... Hospital, insillution, or street address where death occurred: Washington County Home (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Alice Glover 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION white widowed female January 11 19 48 3:30a m 20. DATE DE DEATH ... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8.(b) Name of husband or wife..... March 3, 1885 deceased (mo., day, yr.) It less than one day 8. AGE: 10 arcinoma Ohio state 9. Birthplace..... (Town, county, and atate) 10. Usual occupation...... 11. Industry or business Thomas Glover 12. Name...... 13. Birthplace athis death should be ci accidental Elizabeth MeBride 14. Maiden name... 3/22/48 Major findings of operations..... 15. Birthplace 16. Informant Fred Long PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown, Md. Address 22. VIOLENCE: It death was due to external gauses, till in the following: Date thereof 1-12-48 (month) (day) (year) burial (Buriat, cremation, or removal, Which?) Accident, suicide, or homicide. home - accidental Date of PI Cemetery or Gremetery Washington County Home (County) Injured at home, farm, industry, public place (where to washen glow Country Home

Means of injurtapporhete going to

Hagerstown. Md.

Hagerstown, Md.

Scott F. Minnich & Son

WRIT PLEASE

16. Funeral director.....

(Date rec'd by registrar)



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LANGETT DESCRIPTION AND THE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA				2. USUAL RESIDENCE (HO	ME) OF DECEASE	D:
county washington County						
City or town	erstown	limits, write R	URAL and give nearest town)	State Many Land		
How long in above place				City or town Hager sto!	town limits, write RURA	And give nearest town)
Hospital, institution, or	street address where	death occurred	l: , , , , , ,	Street No. 132 S. Lo.	cust Stree	t
				(If s	rural, give LOCATION)	
How long in hospital or	Institution?			2.(a) tf veteran, name war		
3. (a) FULL NAME					1	cial Security Number
Mr. Clar	ence The	eodore	Gossard		No	ne
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDIC	CAL CERTIFIC	ATION
Male	White	Mar:	ried	2D, DATE DF DEATH.	7	19 48 at 11:35 P
6.(b) Name of husband	Estel	la M.	Gossard	21. I CERTIFY that death occurred on t	the date above stated; tha	I attended deceased from
			49	8-30-		
7. Birth date of			c) If alive, give ageyears	and that I last saw h. Land. alive on	1-27-	- 48
deceased (mo., day, y			If less than one day	Immediate cause of death		
8. AGE: Years		Days		Casemous	of Life Tu	y / year
60	6	24	hrs min.		0	
9. Birthplace11	liamspo:	rt. la	ryland	Due to	***************************************	
			state)			
1D. Usual occupation	Buildi	na9	,	Due fo		
11. Industry or business	Dariar	1160	herr en el:	***************************************	***************************************	
	in Theod Iiddlebu			Dther conditions		
			nes		within 3 months of dea	th) P 11 P
	Marlowe			Major findings of operations.	ascumu	Oland Ada - 100
					D	ate of op.
			rd	PHYSICIAN: Please underline the	caose to which death sho	uld he charged statistically.
Address 132	S. Locu	St St.	. Hagerstown Mo	22. VIOLENCE: If death was due to		
Bur 17(Burisl, cremation	181	Date ther	eof Jan. 30 1948 (month) (day) (year)	Accident, suicide, or homicide		Date of
			Demetery	Where did injury occur?(City		
Location Hag	erstown,	Lary.	land	Injured at home, farm, Industry, public		
18. Funeral director	Edith V.	Leaf		Means of Injury		ed at work?
Address #7 C	hurch St	reet	illiamsport Mo	1) all	ou w. w.	elty, M.O.
Care 2	8 .48	1 6%	astheowers.	23. SIGNATURE	1. 0	M.D. or other
Date rec'd by re	9. 19. 7. (gistrar)	Kinn	Registrar	Address Heyroum	Manyans	Date signed 1-28-48

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

A15

PLEASÉ



FICATE OF DEATH

			CERTIFICA
1. PLACE OF DEA			
City or town Dar	gan	mits, write R	URAL and give nearest town)
How long in above place (of death?	year.	<u>S</u>
Hospital, institution, or R. E.D.	#1, Harp	ers F	erry, W. Va.
How long in hospital or			
3. (a) FULL NAME		May	Grim
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced
Female	White	Mar	ried
e (b) Warra of busheed	James		Grim
			e) If alive, give age
7. Birth date of deceased (mo., day, yr	More	6, 18	
8. AGE: Years	Months	Days	It less than one day
50	8	20	hrsmlr
1D. Usual occupation	Housewi Own Hom	fe e	Co., Mary Land
13. Birthpiace H.	indman,	Penna	•
14. Maiden name.	Sarah J.	Johns	son , Maryland im
15. Birthplace W	ashingto	n Co.	, Maryland
16, Informant Mr	. James	H. Gr	im
Address R.F	.D. #1,	Harpe	rs Ferry W. Va.
17. Buria;			1/28/48 (month) (day) (year)
Cemetery or cremator	Samples	Mano	r Cemetery
	ples Man	17	Strider
Ta. Tighteral and tree a		wn, We	
	19.484		

2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother)	
Stale Maryland	County Washington	
Street No. R.F.D. #1,	mits, write RURAL and give nearest town) Harpers Ferry, W.Va rive LOCATION) e	
	3. (b) Social Security Number None	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH January	26, 19 48 .14:30 F)
21. I CERTIFY that death accoursed on the date	19-/	
Due to Market Alach	glantel	
Other conditions. The Department of the Conditions of the Conditio	as abriches its mid. examine its months of death)	-
Major fiediers of operations		
Actopsy resolts	Date of op	
22. VIOLENCE: If death was due fo external	causes, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or town	(County) (State)	
Injured at home farm, industry, public place	(where?)	
Means of Injury	Injured at work?	
	0 //	



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PLEASE WRITE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATI

2411 N. Charles St., Baltimore

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Reg. Diat. No. 803

1. PLACE OF DEATH: Washington County Big Pool		(For newborn infants give residence of mother) Washington					
		Siate	Wa.	shingt	on		
City or town(If How long in above place	outside city or town	imits, write -8-14	RURAL and give nearest town)	City or lown. Big Pool (If outside city or town lim	1960		arest town)
	r street address where			Street No.			
*******************************			***************************************	(Ifrural, gi	ve LOCATION)		
			***************************************	2.(a) If veteran, name war			
3. (a) FULL NAM		ames	Dixon Hart		3. (b) S	ocial Security	Number
4. Sex	5. Color or race	6.(a)Sing	cle, married, widowed, or divorced	MEDICAL (CERTIFIC	ATION	
Male	White	Ma	rried	20. DATE OF DEATH January	13	.48	11:30
7 Birth data of	d or wife		(c) If alive, give age 81 years	21. I CERTIFY that death occurred on the date and that I last saw hardwardive on	Jan)	tan 1.	3, 19.48
8. AGE: Year		Days	If less than one dayhrsmin.	Immediais cause of death	Tall (8	ladder	3 mo
	lg Pool (Town,		Md.	Due to			
11. industry or busine 12. Name	Harry Ha Big Pool	rt Md		Dines conditions Chr. Cartha (Include pregnancy within Majur findings of operations A. A. A.	Coth 3 months of de	ma hier	10 grs 10 grs
10. talormant	Susan Big Poo s. Ethel		hamp	Autupsy results			
Burial	Pool Mo	Date the	Jan. 16, 1948 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external and accident, suicide, or homicide	causes, fill in the	e following: Date of	
Location	Rio Pe	ool 1	ld.	Injured at home, farm, Industry, public place	(where?)		
1B. Funeral director.	Saatt F	. Vin	nich & Son	Means of Injury 23. SIGNATURE David		ewer	m.D.
Dan Para rec'd by r	/ 4 19 4/	Ja	ple w Muna	Address Clear Spri	ng M	M. D. M. D. Date signed.	1/14/48

JAN16 1948 60464 Lest-list runkedned feels leak Wit Louis VIE Real of Minerick of Steel . 5 THE RESIDENCE OF REAL PROPERTY AND REAL PROP

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. HSHAL RESIDENCE (HOME) OF DECEASED.

City or town. Hagerstown. Maryland (County Hospital City or town limits, write Milhal and give nearest town) town long in above place of death? If the thoughts institution, or strett defects where death occurrie. Washington County Hospital there long in beaughts or institution? 3. (a) FULL NAME Bessie May Hoffman 5. Set Female White Widow 6. (c) If all, give age. 7. Birth date of decased (mo., day, ro.) July 10, 1876 8. AGE: Text Moders Days It lites than one day 71 6 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County Washington				(For newborn infants give residence of mother)		
Circusted city or town little, write RURAL and give nearest town) Hospital place of death? Washington County Hospital Boyled, Issiliation, or street address where death occurred: Washington County Hospital Boyled Inspital or institution? County Hospital Bessie May Hoffman C. See S. Color or race C. Knode Hoffman E. Color or race C. Knode Hoffman E. Color or race C. Knode Hoffman E. Color or race E. Color or race C. Knode Hoffman E. Color or race E. Color or	Hagerstown, Maryland			***************************************	state Maryland county Washington		
Street Ro. Str	(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town) .	Hagerstown		
Respiration Country Hospital	How long in above place of death?					ve nearest town)	
Continue of the state of the	Hospital, Institution, or	street address wher	e death occurre	d:	Street No. 2 Broadway	*************	
Bessie May Hoffman 4. Sex Bessie May Hoffman 6. Color or race White Widow C. Knode Hoffman 6. Color arrived, widowed, or divorced White Widow C. Knode Hoffman 8. Color arrived, widowed, or divorced White Widow C. Knode Hoffman 8. Color arrived, widowed, or divorced White Widow C. Knode Hoffman 8. Color aller, give age. Frost decreased (mo., day, rr.) July 10, 1876 8. AGE: Very Meanhs Days It less than one day 3 hr. min. 8. Birthplace. Ringgold, Wash. Co. Md. (Town, cennty, and state) 10. Usual occupation. Housework 11. Industry or business 12. Name Prof. I. B. Sechrist 13. Birthplace Shrewsburg, Pa. 14. Maiden name. Mary J. Solomon Mrs. Eurich Mrs. Eurich Address Detriot, Mich. Burial (Burial, cermation, or removal, Which) Cemelery or cemster, Rose Hill Cemetery Leadion Hagerstown, Maryland Leadion, Sarm, Industry, poshic place (where?) Means of injorr Leadion Housers Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Languaged Amence (County) (State) Hagerstown, Maryland Languaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr Linguaged at home, farm, Industry, poshic place (where?) Means of injorr			2 done	MILLEAL			
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C. Knode Hoffman S.(e) Hame of husband or wife S.(e) Halife, give age S.(e) Halife, give age Fears Solution S.(e) Halife, give age Fears Solution Solution Solution Solution Solution Solution Solution Fears Solution Solu	Female	White	Wid	O YMY		15	
6.(c) Hame of husband or wife 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 71 6 7 3			1		2B. DATE OF DEATH 19%	8 at 4 P. M	
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8. AGE: Years of Months Days If less than one day 3	7. Birth date of						
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9. Birthplace							
Housework It industry or business It industry or business It is prof. I. B. Sechrist It is prof. I	9 Rirthniace Ri	nggold,	Wash.	Co. Md.	Bueto Hy Pertensive Cardio -	- VEST	
11. Industry or business 12. Name Prof. I. B. Sechrist 13. Birthplace Shrewsburg, Pa. 14. Maiden name Mary J. Solomon 15. Birthplace New Berlin, Pa. 16. Informant Puriot, Mich. Burial Detriot, Mich. Burial (Burial, cremation, or removal, Which) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown, Maryland 18. Funeral director. C. M. Suter & Sons Due to. 19. Uther conditions N. 2 Other con					vascular Disease.		
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12. Name Prof. I. B. Sechrist 13. Birthplace Shrewsburg, Pa. 14. Maiden name Mary J. Solomon (Include pregnancy within 3 months of death)	11. Industry or business					***************************************	
Is. Birthplace Shrewsburg, Pa. Mary J. Solomon New Berlin, Pa. Mars. Eurich Address Detriot, Mich. Burial Medical cremation, or removal. Which? Cemetery or crematory Location Hagerstown, Maryland Reference of the control	E 12 Name Pr	of. I.	B. Sec	hrist		***************************************	
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Detriot, Mich. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Hagerstown, Maryland 18. Funeral director Address Detriot, Mich. Burial Date thereof, 1-15-48 (month) (day) (year) (city or town) (county) (county) (county) Injured at home, farm, Industry, public place (where?) Massns of injury Injured at work?	18 Informant	Mrs. Eur	rich				
Burial Burial Date thereof 1-15-48		triot N			PHYSICIAN: Please underline the caose to which death should be chi	arged statistically.	
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Cemetery or crematory Rose Hill Cemetery Hagerstown, Maryland Injured at home, farm, Industry, public place (where?) Hagerstown Maryland Hagerstown Maryland Hagerstown Maryland Hagerstown Maryland Hagerstown Maryland	17. Durial		Date ther	eof 1-10-48			
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18. Funeral director. C. M. Suter & Sons Masses of Injury Injured at work? Hagerstown Maryland	Cemetery or crematory			3			
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Hagerstown Mongland	18 Funeral director	C. M. S	luter 8	& Sons	Masns of injury Injured at work	?	
Address 122 SIGNATURE Plans 1 C. Hallman	io. cuneral unector	Hagersto	wn Me	Prvl and			
73. Signature	Address		, 1140	10 1/0	23. SIGNATURE Clay a. Africa		
	10 have	5, 10 4	8 6	nost source			
(Date rec'd by registrar) Registrar Address 2.14 N. Poto MAC. St., Bate signed Jd. N. 14-	(Date rec'd by reg	ristrar)		Registrar	Address 2-14 N. Poto mac . St. Bate st	gned Jan 14-41	



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00927 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Maryland county Washington
How long in above place of death? 70 years Hospital, institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war.
3.(a) FULL NAME James Alexander Jamison	3. (b) Social Security Number
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divor-	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH AND 19 45 , at 15.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 15, 1864	and that I last saw h
8. AGE: Years Months Days It less than one day 18 hrs	Immediate cause of feath DURATION DURATION I DURATION I DURATION
9. Birthplace Chestnut-Grove-WashMd (Town, county, and state) Retired	Due to hime Bunchers Spyther
11. Industry or business 12. Name Unknown 13. Birthplace	Other conditions of June al austin
-12	(Include pregnancy within 3 months of death)
H 14. Maiden name	Major findings of operations
16. Informant Mrs. Otho Burgan	Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Rural-Sharpsburg, Md	
17 Burial Dale thereof Jan. 6, 19. (Burial, cremation, or removal, Which?) Cemetery or crematory Mt. View	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Sharpsburg, Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Keedysville Md	23. SIGNATURE Matter Steam In J.
18/ 19 19 19 19 19 19 19 19 19 19 19 19 19	Registrar Address hartsburg M. D. or other



WRITE

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Res	Dist No.	

	Reg. Diat. No.
1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Maskess Com	(For newborn infants give residence of mother)
Carable	State & Mary & County & County
(If outside city or town limits, write RURAL and give nearest town)	City or town A Dem Tom!
How long in above place of death?	City or town
Hospital histitution, or street address where death occurred:	Street No. 308 Think Street
- La Challe Thypophalas	(If wral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizabeth Johns	J. (b) Becauty Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Pul mere	1 27 1/1 19:200
- Carpingsied	20. DATE OF DEATH, AND SALES OF M
8.(b) Name of husband or wife Abert when	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
Colf elive, give age 3. 7 years	1/29/ 1948, 10.1/27/ 1948
7. Birth date of	and that I last saw head alive on 1 12 7/4 5 19
deceased (mo., day, yr.) Tehruary 2,171	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	aceste use and 2 days.
30 11 23hramin.	
(4. +) b	La Cara Cara Cara Cara Cara Cara Cara Ca
9. Birthplace (Town, county, and state)	Ove to Charles
10. Usual occupation Thouseenthe	South State and State of Children & Other States
X	Ove to.
11. Industry or business	
12. Name 12.	Other conditions
\$ 13. Birthpiace Harsing town tel	
14. Maiden name. Linkstourn	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
E 15. Birthplace	Qate of op.
18. Informant Thank tal tegas	Autopsy results.
	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or removal, Which?) Bate thereof Z - 48 (Burial, cremation or removal, Which?)	Accident, suicide, or homicide
Cemetery or cognition Testing Carette	Where did injury occur?
Location A Carles Law.	Injured at home, farm, Industry, public place (where?)
1 3/1 1/2 20 2 / 1	Means of Injury Injured at work?
18. Funeral director A.S.	
Address / Leetser - M.	V1 (m (600 1 m)
1/31 1/d (h. A (h.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Atelia 1 da Bate signed 1/3 7/2/8
/ 108:00:01	mount of the state



PLEASE WRITE PL

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00920

CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DEATH: County Washington City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, institution, or street address where death occurred: 124 Charles Street How long In hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state. Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 124 Charles Street (If rural, give LOCATION) 2.(a) If veleran, name war World War 1
3.(a) FULL NAME Dewood Johnson	3. (b) Social Security Number 220-09-9036
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Danuary 29, 1949, 21 12:45
6.(b) Name of husband or wife Alice Johnson 6.(c) It alive, give age 56 7. Birth date of deceased (mo., day, yr.) May 29, 1882	and that I last saw h
8. AGE: Years Months Days It less than one day 65 8 Ohrsmln.	Deserve homonoge. 17 hours
9. BirthplaceMadison County, Va. (Town, county, and atate) 10. Usual occupationJanitor. 11. Industry or business 12. NameJohn Johnson 13. Birthplace Madison County, Va.	Due to Dither conditions
14. Maiden name Ella Albert 15. Birthplace Madison County, Va. 16. Informant Mrs. Dewood Johnson Address Hagerstown, Maryland 17. Burial Burial Bate thereof 2-2-48 (month) (day) (year) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Maryland 18. Funeral director William H. Downey Address Hagerstown, Maryland 19. County Maryland 19. County Maryland	Autopsy results



MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00930

CERTIFICATE OF DEATH

Reg. Diat. No. 362

City or town	Shington Lagerstow Lagerstow Listreet address where Listreet address where	fe death occurred Ru	ral Hagerstov Milford Kend	2.(a) If veteran, name war		
Male	S. Color or race White		i. married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH January 23, 1948 19		
6.(b) Name of husband 7. Birlh date of deceased (mo., day,	Decem	B.(c	Kendle) If allve, give age , 1859	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from		
8. AGE: Years		Days 19	It less than one day			
10. Usual occupation 11. Industry or busines 12. NameJ. 13. Birthplace W	Farme Retir ohn Kend ashingto	r ed le n Cour		Due to. Due to. Due to. Other conditions (Include pregnancy within 3 months of death)		
14. Malden name.	Amelia Washin	gton (County, Md.	Major findings of operations		
Address Fou Address Fou 17. Buria (Burial, cremation Cemetery or cremate Location	ntain He 1 or removal Which Beau iddlebur Fred W agerstow	ence A ad Hgf Dale there tiful g, Md Krai n, Md	ts. Hagerstow ts. Hagerstow (month) (day) (year) View Cemeter	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIÖLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
19. Chata rec'd by re	25. 1948	101	Regis	TET Address Rate signed /34/44		

JAN 27 1948



1. PLACE OF DEATH:

How long in hospital or institution?.

3. (a) FULL NAME

deceased (mo., day, yr.

4. Sex

9. 8 10.

11. FATHER

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH .. DURATION Immediate cause of death

8. AGE: Years months Days IT less than one day 4 24	Hente Fulmage Chana of
9. Birthplace	Due to tacke left Heart facture
10. Usual occupation. Hausewife	Due I o.
11. Industry or business 12. Name	Other conditions.
14. Malden name Estella Robinson 15. Birthplace Oxford M. C.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mrs. Eva C. Welk Address 37 W. Bethel St	Actorsy resulta
17. Burial, cremation, or reproval. Which?) (Burial, cremation, or reproval. Which?) (Burial, cremation, or reproval. Which?) (Burial, cremation, or reproval. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or creptatory	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)

23. SIGNATURE

JAN 10 1948

PI

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932 00 00933

	Reg. Dist. No.
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. Wilson District (If outside city or town limits, writs RURAL an How long in above place of death? 4 months	sive nearest town) Charbon chung
Hospital, Institution, or street address where death occurred: Gateway Nursing Home	street No. 1139 Scotland Avenue (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Stephen A. Lehm	
4. Sex 5. Color or race 6.(a)Single, married,	idowed, or divorced MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH 23 Say 1948 at 1/30 F
6.(b) Name of husband or wife Annie S. Lehm 7. Birth date of deceased (mo., day, yr.) October 27, 1	ive age
8. AGE: Years Months Days If less 2 27	han one day artemp scientic cardio vascular 10 + yr
9. Birthplace Franklin County, Pa	Due to
10. Usual occupation Retired Farmer	Due to
12. Name. Daniel Lehman Franklin County,	Pa.
14. Maiden name Maria Weaver 15. Birthplace Franklin County,	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthplace Flattalli Country,	Date of op.
16. Informant Ira S. Ernst	Autopsy results
Address Washington, D. C.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following; Onth) (day) (year) Accident, suicide, or homicide
Cemetery or crematory Mennonite Cemet	City or town) (County) (State)
Franklin County, Pa	Injured at home, farm, Industry, public place (where?)
18 Funeral director. The Sellers Funer	al Home Msans of Injury Injured at work?
Address Chambersburg, Pa.	23. SIGNATURE J Jusky M. D. gerother
19. — 24 — 4 5 19 January 19. Date rec'd by registrar)	Registrar Address 2 30 N Potomas Date signed 2 K Jay 88

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PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

- 100934

· CERTIFICATE OF DEATH

leg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
countyWashington	state Maryland county Washington		
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)	1		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 559 Salem Avenue		
559 Salem Avenue	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Margaret C. Lesher	NONE		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH. Jan 22 19 48, at 1130 P. M		
5.(b) Name of husband or wife Dr. D. T. Lesher	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from		
	Jan 14 19 48 10 Jun 22 1948		
7. Birth date of	aed that I last saw h. l. alive on fan 21 1948		
deceased (mo., day, yr.) May 20, 1872	DUDATION		
8. AGE: Years Months Days It less than one day	mayo cardial dilitation 1/21/48		
75 8 2hrsmin.			
9. Birthplace	Due to myocardites Chy ?		
(Town, county, and state) Housework			
10. Usual occupation	Oue to.		
11. Industry or business			
12. Name Vincent Prosser	Dther conditions		
3. Birthplace McConnellsburg, Pa.			
14. Maiden name	(Include pregnancy within 3 months of death)		
The manual manual management of the contract o	Major findings of operations		
2 15. Birthplace TOTU TO 1100 11	Date of op		
	Antopsy vesults		
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, till in the following:		
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory Rose Hill Cemetery	Where did lajury occur? (City or town) (County) (State)		
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of Injury Injured at work?		
Address Hagerstown, Maryland	He Porterfield m.D.		
1 10 110 000	23. SIGNATURE M.D. ov other		
(Date ree'd by registrar) Registrar	136 (e) (1) ashington 1/23/48		
[Chate rec d by registrar) Registrar	ADDIESS		



VS A15 9.45.15M PLEASE WRITE PLAINI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00935

CERTIFICATE OF DEATH

		0231111110111	L OI BEATH	Reg. Diat. No.	
1. PLACE OF DE		4 0 0	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED:	
		ton		the state of the s	
How long in above plac		nits, write RURAL and give nearest town) 47. years leath occurred:	State Maryland county Washington City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No.		
	***************************************		(Ifrurai, give		
			2.(a) If veteran, name warNo.ne.		
3. (a) FULL NAM		S Snavely Lumm		3. (b) Social Security Number 216-07-7093	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		ERTIFICATION 30	
	Yor wife Marths	a Lumm 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from	
7. Birth dafe of deceased (mo., day,	Tu 7	11,1900	and fay last saw h. Analive on Trans	19 45	
8. AGE: Year	Months 6	Days If less than one day 19hrsmin.	Cardio Vasecelan	aces Jys	
10. Usual occupation.	Forman	shMaryland ounty, ond state) coducts-Hagerstown, Md	Due to		
12. Name	Milliard Sharpsbur	Lumm	Other conditions		
oc!	Ella May	Snavely	(Include pregnoncy within 3 t		
		amm	Autopsy resolts	······································	
17Burj	ial	Date thereof. Feb. 1.1948 (month) (day) (year)	VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur? (City or town)	Date of	
Location	Sha	arpsburg, Md	Injured at home, farm, Industry, public place (wi	here?)	
18. Funeral director	R.	I. Earnshaw	Means of Injury	Injured af work?	
Address	Kee	edysville, Md	23. SIGNATURE	way yo	
19. Date rec'd by re	O 1948	Company The Registrar	Address Boonstoro	M. D. or other Dafe signed /36/4 8	



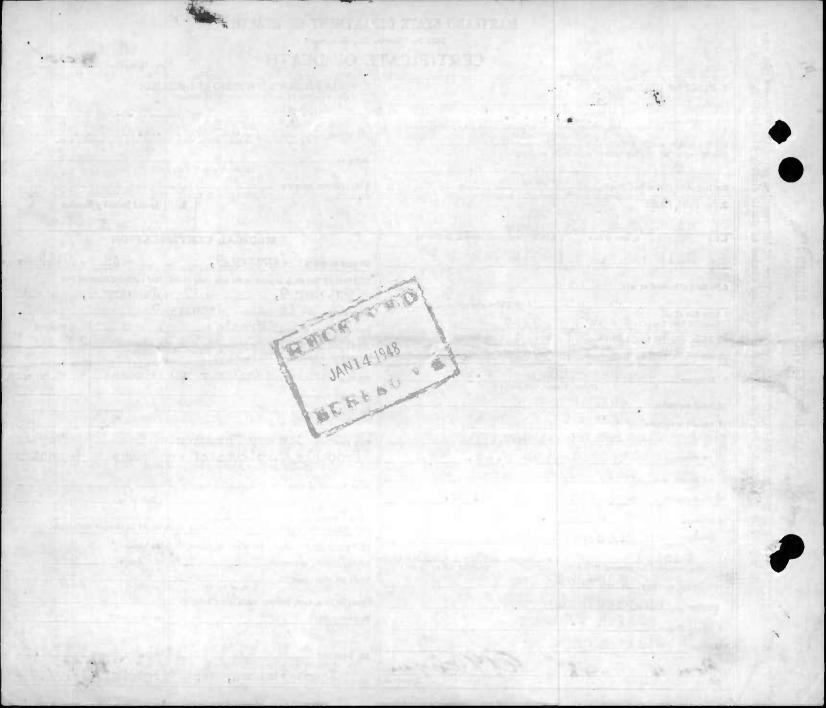
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICAT	TE OF DEATH Reg. Diat. No.	300
(If o	ngton arpsburg utside city or town i	R.F. imits, write R 70 y	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Washingt City or town Sharpsburg R. F.D. (If outside city or town limits, write RURAL and give Street No. (If rural, give LOCATION)	
Row long in hospital or	Institution?			2.(a) if veteran, name war	
3.(a) FULL NAM! Willi	am Bittl	e Ly	ne	3. (b) Social Securi	
4. Ser	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	white	Si	ngle	20. DATE OF DEATH January 9, 19.48	9:15 Am
8.(b) Name of husband or wife NONE 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) NOV. 28 1867				21. I CERTIFY that death occurred on the date above stated; that I attended of October 9. 19. 47. 10 January and that I last saw h. im alive on January 9. Immediate cause of death. Uremia	7 9, 19 48
8. AGE: Years	Months 3	Days 19	tf lese than one day	ABBURCHARC CARRO OF GRADULTHAN AND AND AND AND AND AND AND AND AND A	2 weeks
Shepherdstown W.Va. (Town, county, and state) Farmer (I. Industry or business				Due to Cardio vascular renal disease	5. years
M 12 Name -Ck	iarles Be	entzaL	yne	Bther conditions Cornary Thrombosis	8 weeks
13. Birthplace	Shepherd	stown	W.Va.	Probably Carcinoma of asophagus. (Include pregnancy within 3 months of death)	
	Mary E	llen	Lemen	(Include pregnancy within 3 months of death)	
14. Maidee name.	Shepher			Major findings of operations	
16. Informanf Address St 17. Buris (Burist, cremation	lrs John nan eadra l or removal, Which ry Elmwoo	h June	tion Jan 11 1948 (month) (day) (year)	Actopsy results	ged statistically. (State)
			.Va	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Edith V.			Means of Injury Injured at work?	
	lliamspo	***************************************		H Maria	141
19 Jour 10	19 .C	<i></i>	Ell Boy-us Registrar	23. SIGNATURE Address Shepherdstown, West Virginias	D/or other ned 1/10/48



9-45-15M

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PLEASE

WITH UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00937

	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. May have County Ashington City or town (If outside fity or town limits, write RURAL and give nearest town) Street No. 40 (If ourside fity or town limits, write RURAL and give nearest town)
How fong In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Frank Mason	3. (b) Social Security Number
1. Sex Scoor or race (6.(a) Single, married, widowed, or divorced Male Negro Married	MEDICAL CERTIFICATION 20. DATE OF DEATH JAMAY 47 19 48 at 3.25
6.(b) Name of husband or wite	21. I CARTIFY that death occurred on the date above stated: that raitended deceased from Comparison 10
9. Birthplace. Marion S. Carolina (Town, county, and atate) 10. Usual occupation. Labour - W. M. R. R. 11. Industry or business 12. Name. Frunk Mason 13. Birthplace Marion, S.C.	Due to
14. Maiden name Lula Robinson 15. Birthplace Marcow, S. C. 16. Informant. Mis. Minnie Massa.	(Include pregnancy within 3 months of death) Major findings of operations
Address 40 % . Sociathous Bleel 17. Burial (Burial, cremation, or removal Which?) Cemetery or crematory . Cose Hell Cemetery Location Hagenstamm, Ma.	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director Williams of Downly Address 49 / Wredrich of Boguston 19. Jan. 6, 1948 Bhaff Bowers (Bato rec'd by registrar) Registrar	Means of injury tojured at work? No. 23. SIGNATURE M. D. Sittler Address. 651 Fennsylvaura Date signed Surv. 6, 194

RECEIVED JAN 8 1948

MARYLAND STATE

Reg. Diat. No. 30 Z

None

	00938
DEPARTMENT OF HEALTH	0(100)
arlen St., Baltimore	

2411 N. Ch CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Washington County State Maryland county Mashington

City or town Hagerstown Maryland
(If outside city or town limits, white RURAL and give nearest town) information carefull, of death clearly and How long In above place of dealh? 6 mo. 2 days Hospital, Institution, or street address where death occurred: Street No. 217 Bryan Place 217 Bryan Place (If rurnl, give LOCATION) 2.(a) If veteran, name war. None How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Karl Douglas Mason 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING Male white Baby 20. DATE DF DEATH January 25 19 48 21 9:30 M 21. I CERTIFY that death occurred on the date above stated; that I attended disceased from FOR deceased (mo., day, yr.) July 23 1947 8. AGE: It less than one day Bronchial pneumonia Jan. 1-12'48 MARGIN RESERVED Asphyxia due to aspiration 9. Birthplace Lartinsburg Hospital ... Va. (Town, county, and state) of vomitus 10. Usual occupation.... 11. Industry or business E 12. Name Donald L. Mason 13. Birthplace Berkeley Co. W. Va. 12. Name Donald I. Mason (Include pregnancy within 3 months of death) 14. Maiden name Edith C. Baker Major findings of operations......None.... Berkeley Co. W. Va Donald L. Mason PHYSICIAN: Please underline the cause to which death should be charged statistically. 217 Bryan Place Hagerstown Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following, Date thereof Jan 27 1948 (month) (day) (year) Burial (Burial, cremation, or removat, Which?) Accident, suicide, or homicide. NO Cemetery or crematory Rosehill Cemetery Hagerst Winers did injury occur? (City or town) Hagerstown Maryland Injured at home, farm, Industry, public place (where?) 18. Funeral director Edith V. Leaf Address #7 Church St. Williamsport, Md.

DEPUTY MEDICAL EXAM. WASH. CO., MI

Hagerstown. Md.

Registrar



CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Washington		
City or town(If	outside city or town l	imits, write RU	RAL and give nearest to	wn)	Hegerstown		
How long in above place	ce of death?	of Ae	ars		(If outside city or town lim	lts, write RURAL an	d give nearest town)
Hospital, Institution, of	ton Coun	ty Hos	pital		Street No. 1207 Virgin	ia Ave.	
How long in hospital	or Institution?	14 day	S		2.(a) If veteran, name war		
3. (a) FULL NAM	ME .					3. (b) Social :	Security Number
		Elmer	David Mi	ller		214-09	-3160
4. Sex	5. Color or race		married, widowed, or divorce		MEDICAL (ERTIFICATI	
Male	White	Ma	rried		20. DATE OF DEATH. January	20	48 5:15a
6.(ò) Name of husban		8.(c)	Miller Halive, give age 52	years	21. I CERTIFY that diath occurred on the date of the d	47 to 1	m 23 1948
deceased (mo., day,	yr.) Augus	t 6, 1	896		Immediais cause of death		DURATION
8. AGE: Yea	rs Months	Days	If tess than one day			0	
51	51 5	22	hrs	min.	Coronara O.	celusia	- 42mo
9. Birthplace. Hgerstown Wa sh. Md. (Town, county, and state) Engineer 11. Industry or business Fairchild Aircraft Co. Clarence E. Miller 12. Kame. Hagerstown Md.					Due to	lerotic ias	. 53p
		stown			(Include pregnancy within	O manths of dooth)	
E Maide	Laura Near Fai s. Ellen	A. Lu	mm		(Include pregnancy within	s months of death)	
E 14. maiden nami	Neon Fot	mert ow	Ma		Major findings of operations		
≥ 15. Birthplace	MAGT. TOT	D MAJ	7			Bate of	ор
					Autopsy results		
Address Hag	g erstown	Md.			PHYSICIAN: Please underline the cause tu	which death should h	e charged statistically.
Runni ol			1-25-48		22. VIOLENCE: If death was due to external of		
				year)	Accident, suicide, or homicide		e of
Cemetery or crematory Rest Haven Cemetery					Where did injury occur?(City or town) (County	(State)
Location	Hager	stown	Md.		Injured at home, farm, industry, public place		
4B Formal Man	Scott F	. Minn	ich & Son		Means of Injury	Injured at	work?
1B. Funeral director.	Hagerst				Cornent	7-7-1	Prolembo
19 Date rec'd by	25 19 48	6	hostilo	Registrar	Address Hasentown	md o	M. D. or other ate signed 1/23/45

MARGIN RESERVED FOR BINDING

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00940

Reg. Dist. No. 307

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington City or town Pleasantville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life 67 yrs. Mospital, institution, or street address where death occurred: R.F.D.#1, Harpers Ferry, West Va.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Pleasantville (If outside city or town limits, write RURAL and give nearest town) Street No. R.F.D.#1. Harpers Ferry, West Va. (If rural, give LOCATION) 2.(a) It veteran, name war None
John Rudolph Miller	3. (b) Social Security Number 705-10-2810
Male White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH January 31, 19.48 3:30 PM
6.(b) Name of husband or wife Daisy May Walker 6.(c) If alive, give age 50 years 7. Birth date of deceased (mo., day, yr.) November 15, 1880 8. AGE: Years Months Days It less than one day 67 2 16 hrs. min. 9. Birthplace Leasantville, Washington Co., Md (Town, county, and state) 10. Usual occupation Car Inspector (Retired) 11. Industry or business B. & O. R. R. Company 12. Name John James William Miller 13. Birthplace Shepherdstown, West Virginia 14. Malden name Margaret. Ann Haines 15. Birthplace Shepherdstown, West Virginia	Due to
16. Informant Mrs. Daisy M. Miller Address R. F. D. # 1, Harpers Ferry, West Va 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Samples Manor Cemetery Location Samples Manor, Maryland 18. Funeral director Males Town, West Virginia	Actopsy resolts PHYSICIAN: Please ooderliee the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Address Charles 10 Wil, West VII gillia 19 (Feb (1948 - 1	23. SIGNATURE DATE TO SIGNATURE M. D. of optier 48.

FFB 3 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00941

CERTIFICA	ATE OF DEATH Reg. Dist. No. 303
1. PLACE OF DEATH: County	State Maryland County Washington City or town Big Spring (If outside city or town limits, write RURAL and give nearest town) Big Spring (If rural, give LOCATION) 2.(a) It veteran, name war.
Charles Frederick Mos	er
Male 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 19, 1948 11:00 A
6.(6) Name of husband or wife Bessie E. Moser 7. Birth date of deceased (mo., day, yr.) January 30, 1884	and that I last saw h. Asamalive on
8. AGE: Years Months Days If less than one day 20hrs.	Coronary Thrombosis Sudde
9. Birthplace	Due to
16. Informant Mrs. Bessie E. Moser Address Big Spring, Maryland. 17. Burial Bale thereof Jan. 22, 19 (Burial, cremation, or removal. Which?) Cemetery or crematory St. Paul's Cemetery Location Clear Spring, Md. Rural Route	Where did injury occur?
18. Funeral director Snyder-Rowland Funeral Ho Address Clear Spring, Maryland. 19 (Date rec'd by registrar) 19 (Date rec'd by registrar) Replication Registraries Registra	



00942

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	30.5
How long in above place of d Hospital, institution, or stre	ngton atown is city or town lin eath? et address where d gton Col	eath occurred	: Hospital	City or town. Big. S.pring. (If outside city or town.)	County Washingt	nearest town)
3. (a) FULL NAME	Maur	ice R	• Murray , married, widowed, or divorced		3. (b) Social Securit 2/5-/8-	
Male 8,(b) Name of husband or w	White Haze	l L.	Married Murray	2D. DATE DF DEATH		eceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	Sept.) If alive, give ageyears 19 It less than one day	and thal I last saw halive on		19
28	4	1	hrs,min.	Lucy to La	Gand	6 day
6	arming Murra nington assel Re	y Co.	Maryland	Due to		
16. Informant Mrs. Hazel L. Murray Address Big Spring, Maryland 17. Burial Date thereof Jan. 15, 1948				Autopsy results	al causes, fill in The following;	ed statistically.
Cemetery or crematory Location	Shankto Shankto nyder-Ro learspr:	own C own,M owlan	emetery aryland d Funeral Home	Where did injury out ?	Injured at work?	(State) EDICAL EXAM. CO., MD.

WITH UNFADING INK. Supply every item of information carefully. The continuous of death clearly and legibly.

WITH UNFADING INK.

PLEASE WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00943

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CERTIFICA	TIE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County	
How long in hospital or institution?	2.(a) If veteran, name war	
	3. (b) Social Security Number	
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 1978, at 4.15 PM	
8.(b) Name of husband or wife	and that I last saw half alive on 19.	
8. AGE: Years Months Days if less than one day 14 14	heart filling 1 yr.	
10. Usual occupation	Due 10.	
13. Birthplace Haspington Co. Md.	Diher conditions (Inclode pregnancy within 3 months of death) Major findings of operations.	
16. Informant / Outsuff To Plucemus Address Applications 45 P. D. M.	Autopsy results	
17. (Borial, cremation, or removal, Which?) Cemetery or crematory. Analysis Classification.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Ringgold Nd. 18. Funerat director Hillian Lange	trijured at home, farm, industry, public place (where?)	
Address 27 Church St. Waynesow 19. 2 2 19. 18 15 Leve W. Laguage (Date rec'd by registrar) Registra	23. SIGNATURE Daviel Lyck M.D. or other Address Maynestons Pa. Bate signed - 19-48	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

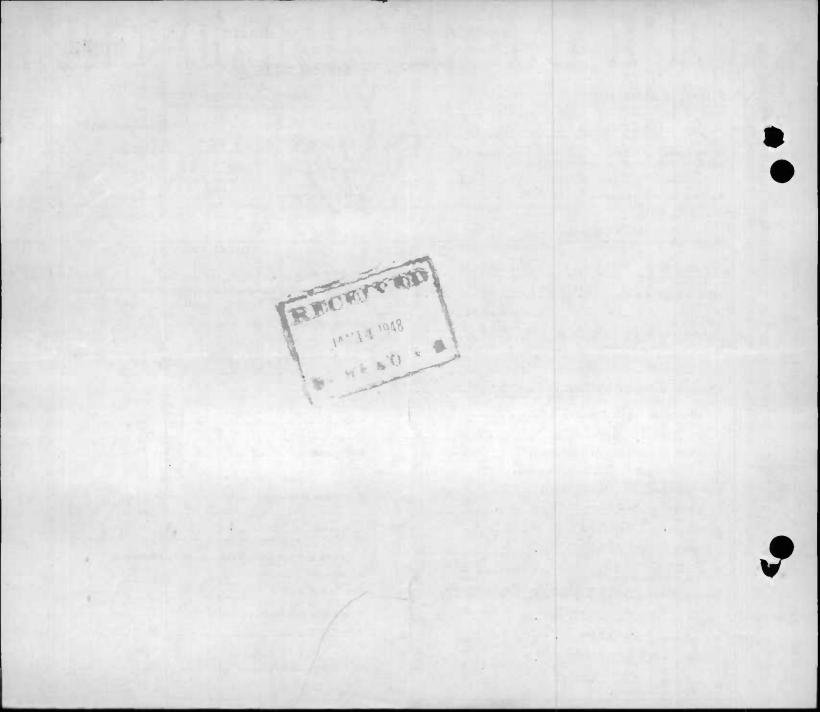
8300

Dr. Norment
00944

Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland county Washington
City or town Hagers town (if outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 6 Weeks	City or town Hagerstown - Rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Cave town Pike
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution? 6 Weeks	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS SARAH SUE NIGH	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH January 9, 19.48 211: 50P
6.(b) Name of husband or wife W. Keller Nigh Sr.	21. I CENTEY that death occurred on the date above stated; that lattended deceased from
7. Sirth date of	and that I last saw h. er allve on Janually 9. 18 48
deceased (mo., day, yr.) March 36, 1883	Immediais cause of death DURATION
8. AGE: Years Months Days If less than one day	
64 9 9min.	WUNTEL WIMMINTER SINGE
9. Birthplace Hagerstown, Washington Co. Md.	Due to
1D. Usual occupationHouse Wife	
11. Industry or business Own Home	Due to
	Unservay my Derun Sign of years
12. Name Adam R. Mowen 13. Sirthplace Boonsboro Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
≥ 15. 8irthplace Greencastre Fa.	Date of op.
14. Malden name Mary Ann Hill 15. Sirthplace Greencastle Pa. 16. Informant Wm. Keller Nigh Jr. Antopsy results. (Include pregnancy within 3 months of death) Major findings of operations. Antopsy results.	
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial But though 1/12/48	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal. Which?) Date thereof. 1/12/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	(KBN ownert Max
19 Jan 12, 1948 Brost Board	23. SIGNATURE M. D. or other Address Jagent M. D. or other Date signed 1112148
(Date rec'd by registrar) Registrar	Address



PLEASE

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother State. (If outside city or toon limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town How long in above place of death?.. Hospital, institution, or street address where death occurred: BALTIMOIRE (If rurai, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MWAKE 4. Sex 6.(b) Name of husband or wife. 6.(c) If alive, give age ... 7. Sirth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 9. Birthplace. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name ... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of uperations..... 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Accident, suicide, or homicide..... (Burial, cremation, Where did injury occur? (City or town') (State) (County) Injured at home, farm, Industry, public place (where?) tocation Means of Injury Injured at work? 18. Funeral director, Address 23. SIGNATURE M. D. be other

Registrar

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 176

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

00946

1. PLACE OF DEATH: County Washington County City or town Chewsville Md. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Car Accident Hospital, institution, or street address where death occurred: Chewsville Md. How long in hospital or institution? 3. (a) FULL NAME Wilbur Orville Pearman	State Wary Land County Washington City or town Williams port Md RFD #1 (If outside city or town limits, write RURAL and give nearest town) Street No. RFD #1 (If rural, give LOCATION) 2.(a) It veteran, name war WORld War #2 3. (b) Social Security Number 219-27-0284	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION Jan/ 17 48 6:45P	
6.(b) Name of husband or wife. Mildred. Henson Pearman	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw halive on	
deceased (mo., day, yr.) JULY 10 1920	Immediate cause of death	
8. AGE: Years Months Days It less than one day 27 6 7hrsmin.	crushed, skull	
9. Birthplace Williamsport, Md. (Town, county, and state)	Due to.	
10. Usual occupation. Labor State Road	Busin	
11. Industry or business Labor State Road .		
12. Name Edward James Pearman 13. Birthplace Williamsport Md. KFD #1	Other conditions	
14. Maiden name. Carrie Louise Borgelt 15. Birthplace Baltimore Md. Milôred Henson Pearman	(Include pregnancy within 3 months of death) Major fiedies of operations	
16. Intermant Wildred Henson Pearman Williamsport Md. RFD #1	Actors results	
17. Burial Date Ihereot Jan 20 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Greenlawn Cemetery	Accident, suicide, or homicide. accident bate of Jan/17/48 Where did Injury occur? Hagerstown, Wash. Md. (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)Route #64 head	
Location Williamsport Maryland 18. Funeral director, Edith V. Leaf		
Addres Williamsport, Marghand	Maens of Matter dump trucing a gold a country of the delical exam. 23. Signard of the true of the wash. Co., MD. M. D. other	
19 Jan. 19, 1948 Clast Howers	23. SIGNATURE M. D. other Address Alexanders M. D. other Bate Party 19, 49	



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Date rec(d)by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltin

II OI	ALLMAN A.	
nore		-26X

00947

Reg. Dist. No. 305

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (I	HOME) OF DE	ECEASED:	-	
State Maryland		Jash	yano	
City or town	' Rural	, ()		
Street No A	y or town limits, wr	ite RURAL and gi	ve nearest tow	n)
Street No	(If rural, give LOC	ATION)	Эаг	
2.(a) If veteran, name war		ro.		· · · · · · · · · · · · · · · · · · ·

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1 222	State Maryland County County
(If outside eity or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
tow long in above place of death?	Street No. Hages burn Md. R. 5
Jahrny Messonal Home	Street No. Taglestone Md. K. 5
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Grotyn	uaus houe
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Publite Single	20. DATE OF DEATH January 19.48 at / A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
•	nov: 15 1947 y Jenney 194
7. Birth date of School of the state of the	and that I last saw h was alive on w accomple 31 18.4
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
73 9 9 mhrsmin.	Caseria of well of Hadder 2m
Ruin Al Plane Co. md.	Day 10
8. Birthplace K. M. G. good (Town, county, and atate)	Ceretral teamwhage Zu
10. Usual occupation	Due to
11, Industry or business	
# 12. Name David Protyman	Other conditions
13. Birthplace Chash, Co. Md.	(Include pregnancy within 3 months of death)
# 14. Maiden name Sarah Singer	Majur fiudiugs uf uperatiaus
15. Birthplace Franklin Co. Penns.	major modules of op.
16. Informant Cours Protyman	Autupsy results
Address Chaynesbow Penna	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, sulcide, or homicide
Cemetery or crematory Delty Chief	Where did Injury occur? (City or town) (County) (State)
Location Smithsbruy Umd, R.2 J	Injured at home, farm, Industry, public place (where?)
18. Funeral director Challes G. Drove	Means of tnjury Injured at work?
Address Graguestono Rema-	MILL Sellan M. D.
1 1 1 1 2 Y	23. SIGNATURE M. D. or other
10 Jany, 3. 1048 John H. Bash	Berneslova Vin 2.14

Registrar



PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

00948

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County	State Mary 1311d County Mastring ton City or lows (If outside city or town limits, write RURAL and give nearest town) 23 East Antietam Street (If rurol, give LOCATION)	
3.(a) FULL NAME Minnie G. Pryor	3. (b) Social Security Number NONE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	2D. DATE DF DEATH	
deceased (mo day, yr.) March 12, 1871 8. AGE: Years Months Days If less than one day 76 10 14	Due to DURATION DURATION Due to	
James E. S. Pryor 12. Name Sabillasville, Maryland 13. Birthplace Sabillasville, Maryland 14. Maiden name Amelia Dunn 15. Birthplace Hagerstown, Maryland Frank Ridenour	Other conditions	
Address Hagerstown, Maryland 17 Burial (Rurial, cremation, or removal, Which?) Cemetery or crematory Hagerstown, Maryland 18. Funeral director Address Hagerstown, Maryland 19. August Sons Address Hagerstown, Maryland (C. M. Suter & Sons Address Hagerstown, Maryland (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930 00940

CERTIFICATE OF DEATH

Reg. Dlat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Markeul County Mish.	
City or town	City or town Albertack - nel -	
How long In above place of death?	(If outside city or town ilmits, write RURAL and give nearest town)	
Wash, Co Hospital	(If rurai, give LOCATION)	
How long In hospital or Institution? 5'days	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
mores Loebler Truger Ree	ruel -	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Temale White Married	2D. DATE DF DEATH. 41. 241. 241. 241. 241. 241.	
6.(6) Name of husband or wife Robert Renner	21. I CERTIFY that death occurred on the date above stated; that Datlended deceased from	
8.(c) If alive, give age 4.4 years	18 10 Test 19 19 19 19 19 19 19 19 19 19 19 19 19	
7. Birth date of deceased (mo., day, yr.) Fe.b. 2) 1890	and that I last eaw half alive on the same and that I last eaw half alive on the same and the sa	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
57 11 2hrsmin.	Rett Carline failure	
9. Birthplace Downsville, Wash, Co. Md.	Due to	
(Town, county, and state)	ninocarlibes -	
1D. Usual occupation. to U.S.C. XX.) fe	Due 10. Phaseth letter previous	
11. Industry or business		
12. Name Samuel Henry towler 13. Birthplace Downsville Md.	Other conditions & balance to left to see	
	(Include pregnancy within 8 months of death)	
14. Maiden name Rosanna King 15. Birthplace talling Waters W. Va.	Major findings of operations.	
2 15. Birthplace + alling Waters. W. Va.	Date of op.	
16 Informant Robert Renner	Autopsy results.	
Address Hancock, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
0 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Surial Date thereof 2N. 20 148 (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Ceday Hill	Where did injury occur?	
Location Baltimore Ma.	Injured al home, farm, industry, public place (where?)	
18. Funeral director, Charles R. Bast	Means of injury Injured at work?	
Address Hancorla Md.	Mitted mil	
Ame II 110 has stoll menons	23. SIGNATURE M. D. or other	
19. (Date ree'd by registrar) Registrar	Address 41 4 3 - 48 Date signed 1/23-48	

We have had submitted to us by Mrs. Grace Slifer, of Chambrsburg, Pennsylvania, the daughter of the deceased, a copy of the marriage record of Mary Fowler and Martin A. Castle on November 28, 1907 at Williamsport, Maryland. All correspondence relative to this case is filed in the Permanent File under date of July 26, 1948 - Slifer. 7/26/48



PLEASE WRITE

Dr. Ledon

MARYLAND STATE DEPARTMENT OF HEALTH

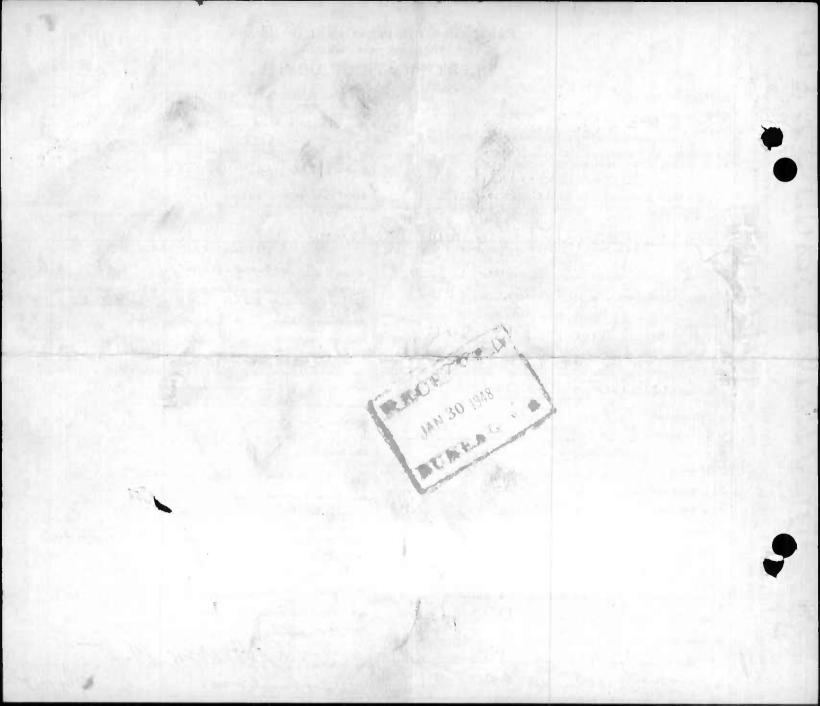
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Dist No 302

1. PLACE QF DEATH ()	2. USUAL RESIDENCE (HOIVIE) OF DECEASED:	
County Waskington	(For newborn infants give residence of mother)	
City or town	State Maryland county tradhington Rusal	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest	town)
Hospital, Institution, or street address where death occurred:	street No. 13 oouslas md. R. 2	
Wash Co Bapilar	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	nber
Harry Lympond andrew Ri	denous none	
4. Sex Solor or race (6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	,
male Julie Single	20. DATE OF DEATH January 7 19.45 21.	14
\$0.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
6.(b) Name of husband or wife	January 25 19 48 10 Jan 26	10 4 6
	1/2/	48
7. Birth date of	and that I last saw bleen alive on	19
Beceased (more and the control of th	Immediate cause uf death.	DURATION
8. AGE: Years Months Days If less than ono day	Distrected.	
2 0 0 6mln.	prigments.	
The state of the s	Due to.	
9. Birthplace		
1D. Usuat occupation.		
11. Industry or business at Home	Due to	
	Other conditions	
	Uther conditions	***************************************
El 13. Birthplace Mt. Lena Wasy. Co. Md.	(Include pregnancy within 3 months of death)	
# 14. Malden name Dorothy Schroyer	Majur findings of operations.	
15. Birthplace hear Challabelle Fred. Co. md.	Date of op.	
11:01. 18:10		
16. Informant	Autupsy results	stically.
Address Domistron Md. R.2	22. VIOLENCE: If death was due to external causes, till in the following;	
17 Burial - Date thereof Jany 30, 1948		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Leura Celuthy	Where did injury occur?	tate)
not four md.	Injured at home, farm, industry, public place (where?)	
Location	Mesns of injury / injured at work?	
18. Funeral director UTW 3. Dast 9 Sous.	MINING Sol N	
Address Bornship Md.	23. SIGNATURE AUTHORY M. W	
Lau. 28 .48 Black Bowers	M. D. or of	/
(Date rec'd by registrar) Registrar	Address Bronslow Date signed 17	7/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() () 951 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington			
City or fown Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Washington		
How long in above place of death? 16 years	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	street No. 35 West Bethel Street		
35 West Bethel Street	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary E. R. Rideout	213-24-9634		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Demale Colored Married			
Female Colored Married	20. DATE DE OFATH. 1960 26 1968 31 / 2 None		
6.(b) Name of husband or wife Lloyd Rideout	21. I CERTIFY that death ordured on the date above stated; that altended deceated from		
6.(c) It alive, give age 23 years	Sept 14 1947, 10 10 28 10 49		
A. BITTO DATE OF	and that I last saw h. Q.T. alive on		
deceased (mo., day, yr.) April 16, 1924 8. AGE: Years Months Days If less than one day	Immediate cause of death		
	fullwarm tubeculous: 4the		
23 9 12min.	Jumonoy Taryundoro		
9. BirthplaceWashington, Pa. (Town, county, and state)	Due to		
10. Usual occupation Housewife	Due to		
11. Industry or business			
12. Name David Robinson 13. Birthplace Martinsburg, W. Va.	Other conditions		
X 13. Birthplace Martinsburg, W. Va.			
14. Maiden name Myrtle Brokins	(Include pregnancy within 3 months of death)		
14. maiden name	Major fiodings of operations		
E 15. Birthplace Brownsville, Pa.			
14. Maiden name Myrtle Brokins 15. Birthplace Brownsville, Pa. 16. Informant Lloyd Rideout	Autopsy results		
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which desth should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
Burial (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?		
Location Hagerstown, Maryland	Injured at home, tarm, ipdusty, public place (where?)		
18. Funeral director William H. Downey	Msans of injury / Injured at work?		
Address Hagerstown, Maryland	Mula to My oline 1 her		
110 110	23. SIGNATURE M. D. prother		
19 (Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address Hadeston led Bato signed 30 108		



PLEASE WRITE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1 942

00952 Reg. Diat. No. 305

1. PLACE OF DEATH: County		manton hits, write RURAL and give nearest town) 11 years eath occurred: es G. Roberts	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex female	white	married	MEDICAL CERTIFICATION January 27, 19 48 21:40a 11
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr	The Present	lfred Roberts 6.(c) If alive, give age 72 years ary 14, 1879	21. I CERTIFY that death occurred on the date above slated; that I attended disceased from
8. AGE: Years 68		12 If less than one day	Browny Collesion duration
10. Usual occupation 11. Industry or business HELLOW 12. Name	hou, own Alfr near Anni Down Alfr Tilg	Wash.Co., Md. county, and state) sewife home ed Smith Rhroresville, Md. e Wolford sville, Md. ed Roberts amanton, Md. Oate Thereof. (month) (day) (year) rsville Cemetery rsville, Md.	Oue to
1B. Funeral director	Scott	F. Minnich & Son stown, Md.	Msans of Injury Injured at work? 23. SIGNATURE M. D. opplyfer M. D. opplyfer Oute signed Augusta



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MARYLAND STATE DEPARTMENT OF HEALTH

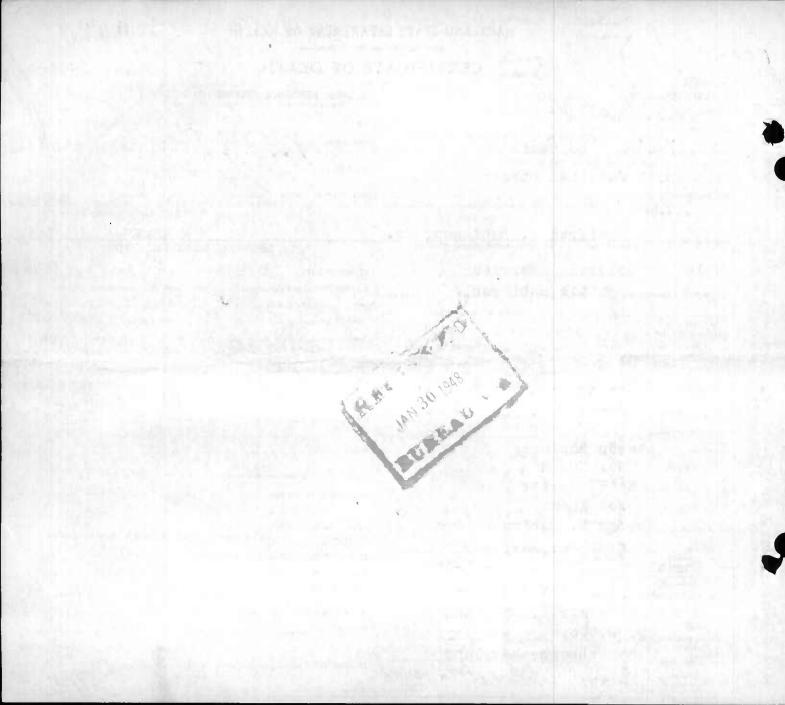
2411 N. Charles St., Baltimore

00953

CERTIFICATE OF DEATH

1. PLACE OBJEATH County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 453 North Jonathan Street How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Alfred V. Robinson Sr.	NONE
#Ifred V. Robinson, Sr. 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH JANUARY 25 1948 at 10:105
6.(b) Name of husband or wife Hattie Robinson 6.(c) If alive, give age 6.5 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Annual 25 19 45 to 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 68 1 16	Immediate causfire death death Mellitus DURATION
9. Birthplace	Due to
14. Maiden name Katie Harper 15. Birthplace Not Known	(Include pregnancy within 3 months of death) Major findings of operations
Address Hagerstown, Maryland	Autopsy results PHYSICIAN: Please underline the cause to which desth should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof 1-28-48 (month) (day) (year) Cemetery or crematory Rose Hill Cemetery	Accident, suicide, or homicide
Location Hagerstown, Maryland 18. Funeral director. W. H. Downey	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Hagerstown, Maryland 19. Jan. 28. 1948 Charter Registrar Registrar	23. SIGNATURE - Class Hans, M. D. or other 48. Address (5) Juney Lawy Date signed 1995 48

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PLEASE WRITE PLANLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| 2. USUAL RESIDENCE (HOME) OF DECEASED:

0(1954 No. 302

1. PLACE OF DEATH: County, Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Hagerstown	State Maryland county Washington	
City of town	Hegenatown	
How long in above place of death? How long in above place of death? Hospital institution, or street address where death occurred:	(II Offerde city of town limits, write worker and give newlest to	wn)
	Street No. 602 Brighton Place	
602 brighton Place	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	er
Minnie Haughn kobinson	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	. 4 .
Female hite Married	20. DATE DE DEATH. 14 118 21	Took "
6.(6) Name of husband or wife Joseph Henry Robinson 6.(c) It alive, give age 82 7. Birth date of 3.6.6.20	21. I CERTIFY that death occurred on the date above stated; that yattended deceased on 19.4.7. to 1	m 19.48
deceased (mo., day, yr.) Nov. 16, 1869		DUBATION
o. Auc.	Egronosy Ocelusion 1	w.
78 1 28hrsmin.	Bynchial as Phina	176
9. BirthplaceCumberland County, England (Town, county, and state)	Due to Chronic Miyocondito	.70
1D. Usual occupation Housewife	Due to	
11. Industry or business At home		
置 12. Name William Haughn	Dither conditions	
12. Name		
	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Watson 15. Birthplace England	Major fiodioss of operations	
England	Date of op.	
Joseph Henry Robinson	Autopsy resolts.	
		cally.
Address 602 Brighton Place, Hagerstown, M	22. VIOLENCE: If death was due to external causes, till in the following:	
17. Burial Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [month] (day) (year)		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
cemetery or crematory Greenlawn Cemetery	Where did injury occur?	:e)
Location Williamsport, Maryland	Injured at home, farm, Industry/public place (where?)	
18. Funeral director dith V. Leaf	Mesns of Injury Injured at work?	
Address Williamsport, Maryland.	Huse X Mister Mist	
1 19 Hearths was	23. SIGNATURE	1
19. Care red by registrar) 19. Care red by registrar	Address / Day Dave signed /	4148



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg, Dist, No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3.(a) FULL NAME Aurelia Elaine Ross	3. (b) Social Security Number 215-18-2529	
4. Sex Female 5. Color or race 8.(a) Single, married, widowed, or divorced Married 8.(b) Name of husband or wife Lester W. Ross	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date sove states; that I attended deceased from	
7. Sirth date of deceased (mo., day, yr.) January 4, 1921	and that I last saw h	
8. AGE: Years Months Days If less than one day 27 O 11	Marin en bolion of 32 hrs	
9. 6irthplace. Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Home Duties 11. Industry or business 12. Name. Clarence M. Fouche	Due to.	
13. Birtholace Fredrick Co. Maryland	Other conditions (Include pregnancy within 3 months of death)	
14. Malden name Jennie Mae Hovis 15. Birthplace Franklin Co. Panna. 16. Intermant Lester W. Ross	Major findings of operations	
	Antopsy results. Antops	
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Burial Oate thereol Jan. 18, 194 (month) (day) (year) Rose Hill Cemetery	Will and the charged statistically. Will and the charged statistically. Will and the charged statistically. 22. VIOLENCE: Il death was due to external causes, illi in the following: Accident, suicide, or homicide	
Location Hagerstown, Maryland 16. Funeral director. Fred W. Kraiss	tnjured at home, farm, industry, public place (where?)	
Address Hagerstown, Maryland 19 Jan 14. 1948 Chostfowers 19 (Outperfolk projector)	23. SIONATURE D. J. Seyming, M.D. or other M.D. or other Address Hogy Address and Bate signed by 1588.	

JAN 21 1948

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle	PARTMENT OF HEALTH St., Baltimore E OF DEATH	X 00950 Reg. Dist. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State Many Coun City or town Baltimuse (if outside city or town limits, Street No. 90 4 Youth Can (if rursl, give I 2.(a) 11 veteran, name war	write RURAL and give nearest town)
3.(a) FULL NAME		3. (b) Social Security Number
John E. Schopper	7	215-09-2641
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male White Single	20. DATE OF DEATH. L. C. C.	4-4810 1 FA
8. (b) Name of husband or wife 7. Birth dale of deceased (mo., day, yr.) Mar. 7 9 1871 8. AGE: Years Months Days If less than one day 76 7 hrs. min. 9. Birthplace Marting W. Va, (Town, campty, and state) 10. Usual occupation House Detective 11. Industry or business	21. I CERTIFY that weath occurred on the date above the second of the se	10 fee / 4 16 19 19
12. Name abraham a Schopperst 13. Birthplace Burbley Co. W. Vd. 14. Malden name Mary Ellen Merchant 15. Birthplace Burbley Co. W. Va. 18. Informant Church & Schopperst Addres 2 46 Pranquet we	(Include pregnancy within 8 m Major findings of operations	
17. Buttle (Burial, cremation, or removal, Which?) Cemetery or crematory Sest Haven Cessulation Location Hagerstown Md.	22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide	(County) (State)
18. Funeral director A. Seculer Address Funds town Md. 19. August 19. 19. Phase 19. 19. Registrar	23. SIGNATURE SW.	M. D. er ether

JAN 20 1948

MARGIN RESERVED FOR BINDING

VS A15

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(Date rec'd by registra)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- Dia No 3 (1.3

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington City or town Big Pool (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Big Pool, Md How long in hospital or institution? 3. (a) FULL NAME Anna L. Shank	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Big Pool, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number None
4. Sex Female 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATHJanuary 21, 1948 19
6.(b) Name of husband or wife Lancelot G. Shank 8.(c) If affive, give age years 7. Birth date of deceased (mo., day, yr.) January 25, 1882 8. AGE: Years Months Days If less than one day 65 11 27 hrs. min. 9. Birthplace Berkley County, W. Va. (Town, county, and state) 10. Usuat occupation Home Duties 11. Industry or business	21. I CERTIFY, that death occurred on the date above stated; that attended deceased from 19.47, to 21.19.48. and that I last saw h
12. Name	Other conditions Ababas Aleman Gyps (Incinde pregnancy within 3 months of death) Major findings of operations Ababas Date of op.
Address Big Pool, Md. 11. Burial Date thereof Jan, 24 194 (Burial, cremation, or removal, Which?) Cemetery or crematory. Shanktown Cemetery.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Location Shanktown, Md. 18. Funeral director Snyder-Rowland Funeral Home Address Clear Spring, Maryland.	Means of Injury Injured at work? Means of Injury Injured at work?

Registrary Address....



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

V (1)

Reg. Dist. No. 302

City or town Martinsburg City or town limits, write RURAL and give nearest town Martinsburg City or town limits, write RURAL and give nearest town Hospital, institution, or street address where death occurred;		Kog. Dist. 140	***************************************
State W • Va • County Berkley (If outside city or town limits, write RURAL and give nearest town) (Now long in above place of death? Transient (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, writ		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)	
Row long in hospital or institution? D. Q. A.	Cily or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Transient	State W. Va. County Berkley City or town Martinsburg (If outside city or town limits, write RURAL and give nearest town) Street No. Raleigh St.	
Lawrence Wilford Shives 4. Sex			
Male White Single 6.(b) Name of husband or wife 6.(c) If alive, give age years deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 31 3 20 hrs. min. 9. Birthplace Connels ville Fayette Co., Pa. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Wilford S. Shives 13. Birthplace Connels ville, Pa.	3.(a) FULL NAME Lawrence Wilford Shive	3. (b) Social Security 1	Number
5.(c) Name of nusband of wife. 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 3 20 hrs. min. 9. Birfhplace Connels ville—Fayette Co., Pa. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Wilford S. Shives 12. Name Connels ville, Pa.			About 10:30
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 20 If less than one day 31 3 20 If less than one day 32 If less than one day 33 34 35 35 35 35 35 35			
8. AGE: Years 31 3 20 If less than one day 20 hrs. min. Rheumatic fever 1933 9. Birfhplace. Connels ville—Fayette Co., Pa. (Town. county. and state) 10. Usual occupation. 11. Industry or business 11. Industry or business Due to. Chr. myocarditis Due to. C	7. Birth date of Sept. 26. 1916		DURATION
9. Birfhplace Connels ville-Fayette Co., Pa. (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name Wilford S. Shives 13. Birthplace Connels ville, Pa. 14. y 16. Usual occupation 17. Name Wilford S. Shives 18. Birthplace Connels ville, Pa.	31 3 20		1933
11. Industry or business Due to Chr. myocarditis LOyr		aortic insufficiency	
[13. Birthplace Connelsville, Pa.	11. Industry or business		***************************************
Helen A. Nebraske (Include pregnancy within 3 months of death)	13. Birthplace Connelsville, Pa.		llation
Major findings of operations. Major findings of operations.	14. Maiden name Helen A. Nebraske 15. Sirthplace Connelsville, Pa.	Major findings of operations	
Wilford S. Shives 16. Informant Autopsy results Autopsy results PHYSICIAN: Please underline the cause te which death should be charged statistically.	16. Informant Wilford S. Shives W. Ver.	Autepsy results	
Burial Burial Date thereof Jan • 1948 22. VIOLENCE: If death was due to external causes, fill in the following;	Burial (Burlal, cremation, or removal, Which?) Bate thereof Jan. 1948 (month) (day) (year)	Accident, suicide, or homicide. Date of	
Location Mertinsburg, W. Va. Injured at home, farm, Industry, public place (where?)	Location Martinsburg, W. Va.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Fred W. Kraiss Addyss Hagerstown, Md. 23. SIGNATURE WASH. CO., MD. M. D. O. M. D. D. D. O. M. D. D. O. M. D.	Address Hagerstown, Md.		EDICAL EXAM.

JAN19 1948

TTH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE

Ine correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

920

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CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland County Washington
Cily or town	
How long in above place of death? 50 years	City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 622 W. Church St.	Street No. 622 W. Church Street
A	(If rurnl, give LOCATION)
How tong in hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME Howard David Shrader	3. (b) Social Security Number
4. Sex Male White 6.(4) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION
	20. DATE OF DEATH. Jan. 4, 1948 2, 00 at P.
6.(b) Name of husband or wife Gertrude M. Shrader	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of Ootober 16 1879	and that I last saw h.d. See
descend (mo day wr)	Immediate cause of death
8. AGE: 68 Months Days Il less than one day	Subtract files and to
hrsmin.	Parui lians anaemia -
9. Birthplace Greencastle- Franklin Co., Pa. (Town, county, and state) Painter	Due to Boyn Chire trais
1D. Usual occupation	Due fo
	Other conditions
12. Name William Shrader 13. Birthplace Franklin Co., Pa.	
	(Include pregnancy within 3 months of death)
14. Malden name Martha Bell 15. Birthplace Franklin Co., Pa.	Major findings of operations.
15. Birthplace Franklin Co., Pa.	Date of op.
16. informant Mrs. Gertrude Shrader 622 W. Church St. Hagerstown, 1	Antopsy results
Addicas	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof Jan • 7 1948	Accident, suicide, or homicide
(Burial, eremation, or removal. Which?) . (month) (day) (year) Rest. Haven Cemeterv	Mile and did telephone assume?
Cemetery or Crematory	
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Fred W. Kraiss	Mesns of Injury Injured at work?
Address / Hagerstown, Md.	V. rler Duellen
Lan 7 48 Glesoff Brevers	23. SIGNATURE DR. WIGTOR D. WILLER. M. D. Frother
19. (Date rec'd by registrar) Registrar	Address Date signed 3



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WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington Hagerstown
How long in above place of death? 35 years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 432 Cook Street
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution? 1 day	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frederick C. Sivits	719-05-6343
4. Sex MALE 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Jan 6 1948, at 10 P.
5.(6) Name of husband or wife Lulu Sivite	21. I CERTIFY that deally occurred on the date above stated; that A attended deceased from
6.(c) It alive, give age years	Due 28 19,47 10 Jan 6 19 48 8
7 Right date of	and that t last saw here alive on free 6
deceased (mo., day, yr.) August 12, 1890	Immediais cause uf death
0. A02.	Duodenal When 6 mo
9. Birthplace Rockwood, Pa. (Town, county, and state)	Due to
10. Usual occupation R.R. Brakeman	
11. Industry or business N.W.R.Railroad	Oue to
11. 1822017 01 00011000	Drong Che al Cestiena 10 400
12. Name James A. Sivits 13. Sirthplace Rockwood, Pa.	Uniter conditions.
	(Include pregnancy within 8 months of death)
14. Malden name Rosanna Smith Rockwood, Pa.	Major fiedings of uperations.
	Autour results Devodereal Ulcer with been worken
16. Informant Mrs. Fred. C. Sivits	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof 1-9-48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Hagerstown, Maryland	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
LOCATION	Msans of Injury Injured at work?
18. Funeral director. C. M. Suter & Sons	0000
Address Hagerstown, Maryland	23 SIGNATURE Notest 1. Courad, M. N.
19 Jano, 9. 19 48 Chaef Howers,	
(Date rec'd by registrar) Registrar	Address Vtagero Town, Med Date signed 1-4-48

JAN12 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

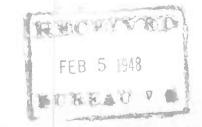
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county washington County	State Maryland county washington
City or town Hagerstown laryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2 Weeks	City or town Hagerstown aryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 17 Glenside Ave.
17 Glenside Ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Harry Lefever Snyder	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH
6.(b) Name of husband or wife Sarah Dolly Cline Snyder	11 21. I CEXIII I that drain occurred on the date above stated; that I apended discussed from
3 - 2 3	12/3/147 19/16/1/3/148 19
7 Right date of	and that t last saw h
deceased (mo., day, yr.) Sept. 23 1868	Immediate Paper of death
8. AGE: Years Months Days It less than one day	Coronary Carlesion Chundia
79 4 8hrsmin.	
9. Birthplace Williamsport Nd RFD #1 (Town, county, and state)	Due to
10. Usual occupation Supervisor Of roads	Due to.
11. Industry or business Repairing Roads	
E 12, Name Simon Snyder	Dither conditions
12. Name Simon Snyder 13. Birthplace Downsville Maryland	
	(Include pregnancy within 3 months of death)
Williamsnort Naryland	Majur findings of operations
	Date of op.
16. Informant Mrs. Edgar L Sprecher (daughter)	Antopsy results. PHYSICIAN: Please underline the cause tu which death should he charged statistically.
Address 17 Glenside Ive. Hagerstown Md.	
Burial Burial Burial (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:
(and the state of	Accident, suicide, or homicide
Cemetery or crematory Manor Cemetery	Where did injury occur?
Location Near Tilghmanton Laryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Edith V. Leaf	Means of Injury Injured at work?
47 Church Street Williamsnort	6746
Address " Old of	23. SIGNATURE AND TOPPING

FOR BINDING MARGIN RESERVED

PLEASE WRITE

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

00962

CERTIFICATE OF DEATH

Reg. Dist. No. 30 /

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State Maryland County Washington		
City or 10wn. Williamsport. (If outside city or town limits, write RURAL and give nearest town)	Cily or lown Williamsport (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
44 West Potomac St.	Sireet No. 44 West Potomac St.		
How long In hospital or Institution?	2.(a) If veieran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Nannie A. Speaker	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH. 19.45 at 10.00 A.		
6,(b) Name of husband or wife John H. Speaker	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from		
6.(b) Name of husband or wife	march 1947 10 Jan 16 1948		
7]	and that I last saw here alive on Jan 19 48		
deceased (mo., day, yr.) March 12, 1876 8. AGE: Years Months Days If less than one day	Immediate cause of death		
71 10 4min.	Circles the suchage. 3 days		
	Cito : Selessones 240 aug		
8. Birthplac Bakersville, Washington, Maryland (Town, county, and state)	Due fo.		
10. Usual occupation. Housewife	Due to		
11. Industry or business			
12. Name Benjamin Lowery 13. Birthplace Bakersville, Wash., Maryland	Diher conditions 10 goe me tites trans 2		
	(Include pregnancy within 3 months of death)		
14. Maiden name Mary C. Hines	Major findings of operations		
14. Maiden name Mary C. Hines 15. Birthpiace Rohrersville , Maryland 16. Informant Roy Lowery	Major nagings of operations		
16. Informant Roy Lowery	Aotopsy results		
Address 118 West Potomac St. Williamspor			
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory Bakersville Cemetery	Where did injury occur?		
Bakersville, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Edith V. Leaf	Meens of Injury Injured af work?		
Address Williamsport, Maryland.	760 ·)		
1- 18 49 Mrs E. Tee McElione	23. SIGNATUE M. D. or other		
19. (Pato rec'd by registrar) Registrar	Address Description Date signed 11 49.		

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and FOR BINDING RESERVED LANLY, WITH UNF especially important.

VS A15 9.45.15M
PLEASE WRITE PL



PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00963

CERTIFICATE OF DEATH

Reg Diet No. 302

					atog. Diat. No	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Washington			***************************************	state Maryland county Washington		
City or town			RURAL and give nearest town)			
How long in above place				City or town Rural Hage I	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:			d:	Street No. Route #5		
Leitersburg - Chewsville Pike How long in hospital or institution? None				(If rural, give l		
		one		2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
WI	LLIAM HE	NRY S	TOCKSLAGER		None	
4. Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	N.	arried	20. DATE OF DEATH January 22	10 48 01 70	OP
	Clar	a Sto	ckslager	21. I CERTIFY that death occurred on the date abov		
				Tress 11		19.48
7. Birth date of			c) If alive, give age	and that I last saw h Longalive on	1 /1	
deceased (mo., day, yr				Immedisia cause ul death		RATION
8. AGE: Years	Months	Days	If less than one day		× 40	
82	8	21	hrsmin.	Coule Conga	House reach 11	Lan
9. Birthplace Le	itersbur	g, Was	hington Co. Md.	Due to Jaclure		
						,,
10. Usual occupation			•••••••••••••••••••••••••••••••••••••••	Due to Chronice Valv	alor heart	?
11. Industry or business	Retir	ed		diagane - S	Double '	
을 12. Name	ohn Stac	kslag	er	Other-conditions with	al:	>
13. Birthplace	Funksto	wn Md		(2) Chr. diffuse /	nephritis	
&			necker	(Include pregnancy within 3 m	onths of death)	
14. Maiden name	Charact			Major findings of uperations		
					Date of op	
16. Informant	Clarence		tockslager	Autopsy results		
Address Ha	agerstow:	n Md.		PHYSICIAN: Please underline the cause to whi		7.
			1/25/48	22. VIOLENCE: If death was due to external caus		
17. Bruial. (Burial, cremation,	or removal, Which?)	Date the	(month) (dsy) (year)	Accident, suicide, or homicide		
Cemetery or cremator	Luthern	Cene	tery	Where did injury occur?(City or town)	(County) (State)	
Location Le	itersbur	g Md.		Injured at home, tarm, industry, public place (who		
1B. Funeral director				Maans of Injury	injured at work?	_
	erstown		الله الله الله الله الله الله الله الله		` //	
Address Hag	ers cown	1	6 1/0 -11	23. SIGNATURE Waller the	Destant MA	} .
19 (Date rec'd by reg	5. 1948	John John	asttowers?	(In gray as long	M. D. or other	145
(Date rec'd by reg	istrar)		Registrar	Address	Date signed.	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00964

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Washington County			Street No. 633 Washington Avenue (If rural, give LOCATION)		
3. (a) FULL NAM	WE		2.(a) If veteran, name war	3. (b) Social Security Number	
	St	ewart W. Swartz		5.(0)	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	White	Married	2D. DATE OF DEATH January	21, 1948 3 P	
	Mar	A. Swartz	21. I CERTIFY that death occurred on the date al	bovs stated; that I attended deceased from 3	
8. AGE: 5 ⁴ 4	17	Bays If less than one dayhrsmin.	Immediate cause of death	DURATION	
11. Industry or busine	ess Blue Ri	dge Bus Lines	Due to		
12. Name	Ridsewsy	Swartz Virginia	Other conditions		
14. Malden nami		• Swartz Virginia	(Include pregnancy within 3		
16 Informant N.	rs. Mary .	A. Swartz	Antoney results.		
		on Ave. Hagerstown.	PHYSICIAN: Please underline the cause to v	which death should be charged statistically.	
17. Bur (Burial, crematic	ial on, or removal. Which?)	T- 04 304	Accident, suicide, or homicide. Where did injury occur?	Date of	
Location	Hager	stown, Md.	injured at home, farm, industry public place (where?)	
18. Funeral director. Fred W. Kraiss			Paring 1	DEPUTY MEDICAL EXAM.	
Address	Hagerst	own, Md.	23. SIGNATUBE VI Koher 8	Well, WASH. CO., MD.	
(Date rec'd by r	24. 1948 registrar)	phase Registrar	Address 11,5 % Pata	M. D. o-villa- Date signed/./22/48	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Cherles St., Baltimore

00965

1. PLACE OF DEATH: Washington County Hagers town City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Naryland County Washington City or town (If outside city or town limits, write RURAL end give nearest town) 339 Linganore				
HOSDITAL HISTELPTION.	339 Linganore Ave.		Street No. 339 Linganor	8	*****************	***************************************	
			(If rural, give	LOCATION)			
	or Institution?		***************************************	2.(a) If veleran, name war		••••	
3. (a) FULL NA		en M	. Sweeney			cial Security	Number 0676
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICA	ATION	
Female	White	N	larried	20. DATE OF DEATH. January	18	,48	7:30a
. 43.94	and or wife Josep	h L.	Sweeney	21. I CERTIFY that death occurred on the date abo	ove stated; that	I attended dece	ased from
		6.(c) If alive, give age 25 years	and that I last saw h & 77 alive on			
7. Birth date of deceased (mo., da	y, yr.) Septem	ber 5	, 1923	Immediate cause of death			
	ears Months	Days 13		Onlinonary Lider	senda		,
9. Birthplace				Due to			
11. Industry or busin	John Cros		<u>&10</u>				*
12. Name	*******************************		1/2	Dther conditions	************************		
13. Birthplace	Beaver			(Include pregnancy within 3	months of deat	h)	-
불 14. Maiden nan	Minnie Minnie	FULTO) []	Major findings of operations			
E 15 Rirthniace	Beaver	Creel	Md.				
	Beaver Gerald (Autopsy results	hich death sho	uld be charged	statistically.
Buris (Burial, cremat	lon, or removal, Which? Rose H	Date the	reof 1 -20-48 (month) (day) (year) Cemetery	22. VIOLENCE; If death was due to external car Accident, suicide, or homicide	(Ce	Date of	(State)
Location	Hagerst	own	Md.	injured at home, farm, industry, public place (w			****************
18. Funeral director	Scott F. Hagers	Minx	Md.	Means of Injury 23 SIGNATURE Nactors	-	ed at work?	ns.o
19 Date rec'd by	o, 20, 19 48	BH	cs#Bowers. Registrer	GARPT-			of other 1-19-48



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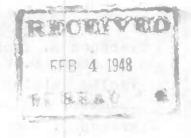
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00966

Reg. Dist. No.....

1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	wasr	ingto	<u>n</u>			
City or townHE	gerstown	mits, write	land. URAL and give nesrest town)	state Maryland County Washington		
Now long in shove nis	ce of death?	vear		City or town		
Hospital, Institution,	or street address where	death occurred	1:	Street No. 1112 Fairvie		
Washington County Hospital			ital		ve LOCATION)	
How long in hospital	How long in hospital or institution? 3 weeks			2.(a) If veteran, name war		
3. (a) FULL NA!	ME				3. (b) Social Security No	ımber
	Jerry	L. 1	lucker		NONE	1
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	White	Si	ngle	20. DATE DE DEATH TOMAN	30 1045	
				21. I CERTIFY that death occurred on the date a	have stated. That I attended decease	al from
6.(b) Name of husbar	nd or wite			October 1		
		8.(c) If alive, give ageyears	and that I last saw h.L		
7. Birth date of deceased (mo., da)	,yr.) Januar	y 2.	1944	Immediate cause of death		DURATION
8. AGE: Yes		Days	I1 less than one day	Immediate vause of death		DONATION
2	1 0	28	hrs min.	Metastases to li		**********************
9. Birthplace	Vashington (Town,	, D.	C.	Due to Wilm's T	Jumor	*******************
			state)			
18. Usual occupation	n	*************		Due to		••••
11. Industry or busin		~ .				
里 12. Name	Clarence	Lee H	lucker	Dther conditions		
13. Birthplace	Washingto	n, D.	U.	(Include pregnancy within	8 months of death)	
H 14. Maiden nam	Vanita	Watki	ns	Major findings of operations.		
LOW 15 Sisthulace	Decatur	. 111	inois	Major findings of operations.		
- 10, orthpiace	Vanita Decatur Clarence	T M.		Autopsy results Wilus -	turner 7 liver	wetertour
				PHYSICIAN: Please underline the cause to	which death should be charged sta	tistically.
	lagerstown			22. VIOLENCE: 11 death was due to external c		
17 Buria	1	Date ther	eol. 2-2-48 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremati	on, or removal. Which?	OHON	(month) (day) (year)			
	atory Rest H			Where did Injury occur?(City or town		
			yland	Injured at home farm, Industry, public place		
18. funeral director. C. M. Suter & Sons			& Sons	Means of Injury	Injured at work?	
Address	Hagersto			-0	N DN	
Address		. // //		23 SIGNATURE Shamalt	M.D.	cary
19. Date rec'd by	2. 18 8	pu	Registrar	A, (8)	ST. Hageritown.	-31-48
(Date rec'd by	registrar)		- Registrar	Augress. Water land	DE IS SIGNED	



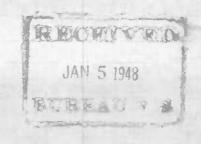
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MA	DVI	AND	CTATE	DEPARTMENT	UE	LICALTI
ITI M		AILL	JIAIL.	TIPLE ALIX I INTELLI	4 7 17	DICAL.

2411 N. Charles St., Baltimore

IH.	- 1		
121	30	00967	
12.	18.10	00000	
	The Park	Reg. Dist. No.	-

1. PLACE OF DEA	TH: ngton			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
ARREST AND ADDRESS OF THE PARTY	the same of the sa	749 99		State West Virginia County Jefferson		
Cily or town		City or town Shepherds.town (If outside city or town limits, write RURAL and give nearest town)				
How long in hospital or	Institution? Two	o month	ls	(If rural, give		V
3. (a) FULL NAME					3. (b) Social Security	Number
		Gaster	Van Metre		None	
4. Se1	5. Color or race	6.(a)Single, m	arried, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		lowed	2D, DATE DF DEATH.	1048	1 6 A M
			on Van Metre	21. I CERTIFY that death occurred on the dale about 13		eased trom
7. Birth date of deceased (mo., day, y	T I	5,1886	alive, give ageyears	and that I last saw h	au (19.468
8. AGE: Years 61	Months	277	It less than one dayhrs,min.	Immediate cause of death of the feedle	care Replent	DURATION TYPE
	(Town, c	county, and state	erson, W.Virgi	1 1210	••••••	
10. Usual occupation	A+ has	ie me		Due to		***************************************
¥ 12. Name	ohn Gast		ba e I sun	Dither conditions		***************************************
13. Birthplace	Near Han			(include pregnancy within 3 r	months of death)	
14. Malden name	argret E	liza C	ookus st Virginia r	Major findings of operations		
≥1 15. Birihplace DII	epnerust	own, we	st virginia		Date of op	
18. Informant				Antopsy results	Lish doub should be shown	d statistically
Address Marb	arn Road	; Halfwa	ay, Maryland			g statistically.
17 Burial (Burial, cremation,	or removal, Which?)	Date Ihereot	Jan. 4, 1948 (month) (day) (year)	22. VIOLENCE: tt death was due to external cau Accident, suicide, or homicide		
			tery	Where did injury occur?(City or town)	(County)	(State)
				Injured at home, tarm, industry, public place (w		
Location Shepherdstown, West Virginia 18. Funeral director Mrs. Edith V. Leaf			Meens of Injury	Injured at work?		
				.00	00	0
//	liamspor	100	yland	23. SIGNATURE / To heat	· Coura	
18 (Date rec'd by reg	2-, 19.48	Bus	Registrar	Address Otaques Frere	M. D. M. D. Date signed	faw 2,1949.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		2071
Reg.	Dist.	No. 3021

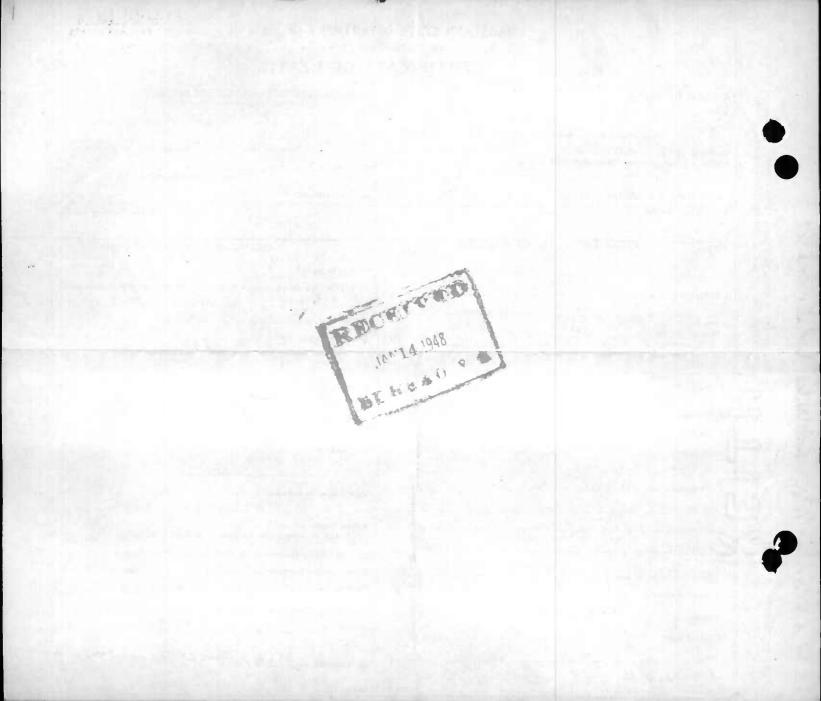
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Little Mung 15th	m. I timel t
City or 10wn	
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No. 1727 Vorguna auenue,
That, Co. Hoptal	(Interal, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie B. Watter	ins none
4. Sex 5. Color of race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Widowed:	20. DATE OF DEATH January - 11 - 1948 at 9,45 A.M
Phillip (1) alking	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wite	Jan 7 18 48 10 Jan 11 19 48
7. Birth date of Sea A A A Series ageyears	and that I fast saw h
deceased (mo., day, yr.) Desterning -1 ~ 1864	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Fracture Seft Fennes 1/7/48
83 4 10hrsmin.	
9. Birthpiace Westminster Md.	Due to arteriosclerosis
(Town, county, and state)	
10. Usual occupation	Due to
11, industry or business	
E 12. Name Yo Kecond	Dther conditions
12. Name You Keeped	
14. Maiden name. No Kecord	(Include pregnancy within 8 months of death)
E	Major fiediogs of operations
MO 100:01	
16. Informant M. M. White Samuel Samu	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 727 Vinania ave. Hageiston md.	
17 Quial Dale thereof January 13, 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Recident suicide or homicide Occident Date of Jan 8 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)	Activelli, Sulvac, of Honorous
cemetery or crematory M. Duratarie Vicaso Centraling	Where did Injury occur?
Location Sharkshurg md.	Injured at home, farm, industry, public place (where?)
PAMIA CAR +OLS.	Means of Injury Fall an Floor Extra 48 Injured at work?
19. Funeral director.	1100 -4 10001111
Address Doorson Md.	23. SIGNATURE H. S. Gorlenfield M.D.
Jan, 12, 1948 Chaff Bowers	136 W Washington note stone 1/12/48

MARGIN RESERVED FOR BINDING

priect age

Dr. Partenfills

PLEASE WRITE PLACE, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00363 Reg. Dist. No. 304

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County WashingTon	State Maryland county Washington
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street HO.W. Main Street
Woodmant Road-Near Hanese	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	kus 212-24-6174
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DE DEATH / JAM: 7 148 12:30 M
4000-00-00-00-00-00-00-00-00-00-00-00-00	21. I CERTIFY that death occurred on the date abovo stated; that I attended deceased from
6.(b) Name of husband or wife	to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) JUNE 11, 1929	Immediate cause of death
8. AGE: Years Months Days If less than one day	Franting Shulf
18 6 27nrsmin.	Masured / Man
8. Dirihplace Hagerstown Washington, Md.	Due to. Housen have & floods
10. Usual occupation Assistant to Funeral Director	
11. Industry or business	Due to
	Bh
12. Name. Frank F. Watkins I 13. Birthplace Hagerstown Md.	Dither conditions
# 14. Maiden name Catherine Stoner Wotkins	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Hagerstown, Md.	Date of op.
16. Informant M75, Trank T. Watkins	Antopsy results.
Address Route#2 Hagerstown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof. Ten very 10 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Managed week and make of the suicide washes week and the suicide washes week and the suicide washes were suicided with the suicide washes were suicided with the suicided washest washes were suicided with the suicided washest w
Comotory Or-orematory Rest Haven Cemetery	where did injury occur?
Location Hagerstown Md.	Injured at home, farm, industry, public place (wholes)
18. Funeral director. Charles R Bast	Mean stiller student over
Address Hancock Md.	DEPUTY MEDICAL EXAM.
Jan 12 116 All The Day	23. SIGNATURE A WASH. CO., MD.
19. (Date ree'd by registrar)	Address Hacerstoner 24d Date stored acc. 7-48



WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly and

especially

PLEASE WRITE

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torrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Par Diet No. 302

County Hack or act own			(For newborn infants give residence of mother)			
			State Pennsylvania Cou	state Pennsylvania county Dauphin Co.		
City or town			**********			
How long in above place	e of death?	. A. C. A. D. A. V.	City or town Harnisbur (If outside city or town limits	write RURAL and give nea	rest town)	
Hospital Institution o	r street address where	death occurred:	Street No. 300 N. 31 St.			
Penn. R. R. Station How long In hospital or Institution?			(If rurs), give		./	
			2.(α) If veteran, name war	•••••	V	
3. (a) FULL NAM	Ch Ch	narles Templeton	Yocum	3. (b) Social Security	Number	
4. Sex	5. Color or raco	6.(a) Singlo, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	About	
Male	White	Married			10:40	
			20. DATE OF DEATH			
6,(b) Namo of husband	d or wife Grac	e Yokum	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dece	ased from	
		6.(c) If alive, give age 26	years 19			
I. Birth date of	Tanı	ary 8, 1902	and that I last saw i		19	
deceased (mo., day,	31.7		Immediate cause of death		DURATION	
8. AGE: Yea		2	Wound			
		hrs	Gun shot thro	ugh skull		
9. Birthplace P	hiladelph	ia, Pennsylvania.	Due to			
		Clerk	Duo 10			
		Govt. Employee				
12. Name	John P. Y	ocum	Other conditions	*************************************		
	Sunbury,			***************************************		
W W	Elizabe	th Templeton	(Include pregnancy within 3 r			
10		phia, Penn.	Major hadings of operations			
			NO.	Bato ot op		
16. Intermant	Wrs . Grac	e Yocum	Antopsy results			
Address 300	N. 31 st	. St. Harrisburg.	PHYStCIAN: Please underline the cause to wi		_	
			22. VIOLENCE: It death was due to external cau	ses, fill in the following: Ja !	0/10/48	
(Burial, crematic	on, or removal. Which	Date thereof Jan 14 (month) (day) (year	Accident, suicide, or homicide	wn Wash	.d •	
		stown Cemetery		(County)	(State)	
Ochicicity of Greater	Norristo		tailured at home form Industry nublic place (w	In RR maj	il car	
Location		***************************************	tnjured at home, farm, industry, public place (w Shot seli W	ith revolve		
18. Funeral director.	Fred W.	Kraiss		OFFILTY MEDI	ICAL EVUIL	
Address		own, Maryland.	23. SIGNAS Pokert W.	ello WASH. CO) MD.	
//	111 119	Glas Holans		M. D.	emother:	
(Date rec'd by	registrar)	TO KON 15 FOR	Hagerstown, Md.	Date signed	eu. 10-4	

